Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

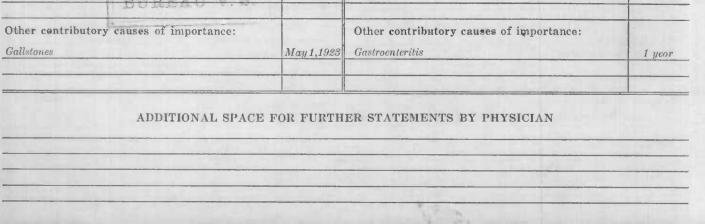
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset 1 week ago
Chronic interstitial naphritis 7 1932	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



193

Date of onset

. 193/

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

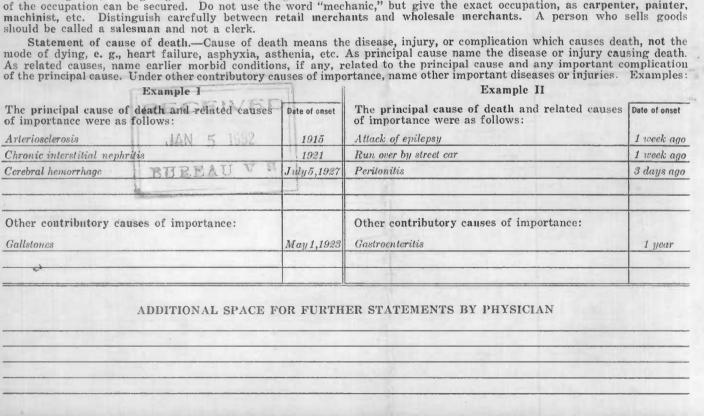
10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.



3 No 1 >

Co	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 92
Villag	2 FULL NAME LILLIE E BARTGI	St.: Ward) (If death occurred a hospital or institution, give its NAME I stead of street ar number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 8, 1931 (Menth) (Day) (Year)
	(Month) (Day) (Year)	that I last saw help alive on Dec 7, 193/
7 AGE	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(b) (busin	Trade, profession or icular kind of work House LABOR General nature of industry ness, or establishment in ich employed or (employer)	(Duration)yrsmosd
(s) 10 (s) 11 (s) 12 (s	MARYLAND NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MARYLAND MARYLAND MARYLAND	(Signed) (Durstion) (Signed) (Address) (Address) (Signed) (Address) (Address
	BIRTHPLACE OF MOTHER (State or Country) MARYLAND	ID LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
-	Informant) LLOYD BARTGIS (Address) MIDDLETOWN, MARYLAND	thot at place of des h? Former or usual residence 19 PLACE OF BURIAL OR REMOVALY LUTHERAN CEMETERY MYERSVILLE, MARYLAND DEC. 10., 19.3.
)ıs Fil	led 12/10/1931 D. Grayson Samuli Registras	CT.K. GLADHILL MIDDLETOWN, Md.
	If more banks are needed, addre.s Ltate kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.



(Approved by U. S. Census ɛ nd American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (c) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e:ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The materic. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal in in meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "('E.haustion,'' "Heart failure,'' "Haemorrhage,'' "Inanition,'' "Marasmus,'' "Old Age,'' "Shock,'' "Uracmia,'' "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, st_ted unless important. use of "Tumor" for malignant neoplasms); causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

be

should

supplied terms,

> carefully Id

be

should

S. No.

that

Jo

back may

instructions

See

important.

00

OTHE

=

a

in

DEATH

OF

CAUSE mation

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH

18			104
montoen L	Registration	Dist.	Ng /3/=
montocue L	phil	a	St.,

	(It death	occurred	in a nospitar of h	namedion, Rivous 147
of residence in city or town where death occurred.	mos.	ds.	How long In U.S	if of foreign birth?

2. FULL NAME (a) Residence: No.

Ward. (Usual place of abode)

22.

If nonresident give city or town and State

n, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,

OR DIVORCED (wine the word)

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Years

Length

7. AGE

If LESS than Days 1 day ...

min.

8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. OCCUPAT

Months

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc

10. Data deceased last worked at this occupation (month and 11. Total time (years) spant in this occupation

12. BIRTHPLACE (city or town (State or country)

FATHER 13. NAME 14. BIRTHPLACE (city or town)

(State or country) 15. MAIDEN NAME

16, BIRTHPLACE (city or town)_ (State or country)

17 INFORMANT (Address)

19. UNDERTAKENG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

193

Date of onset

That I attended deceased from

CERTIFAY.

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:

Other Contributory Causes of Importance

What test confirmed diagnosis?.

23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?______ Data of injury______ 19_

Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any-way related to occupation of deceased? If so, specify

(Signed)_ (Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage JAN 5 1932	July 5, 1927	Perilonilis	3 days ago	
BUREAU	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis ·	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritoritis, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiand consequences (e. g., sepsis, ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

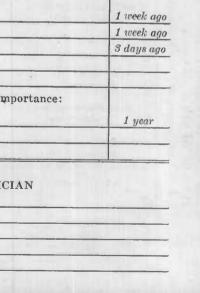
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
3				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------



PHYSICIANS should state

Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT ! CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WIT.

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF M.	ARYLAND—	CERTIFICAT	E OF	DEATH
-------------	----------	------------	------	-------

1.	PLACE OF DEA	- /			14364
	County Tred	enell.			Registration Dist. No. / 2 /
	Village or City. Zu	mons	elle.		No. St, Ward
	Length of residence in	city or town where	lasth nomerad . 4	/ (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
	FULL NAME	Marga	00	3	13. 100 mm mg m 0.0.11 of 1010ight 011111;
2		racya	ra o.	unight	
	(a) Residence: No.		(Usual place o	f abode)	St., Ward. If nonresident give city or town and State
	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	ernale H	or or race hite.	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH One of Death (Month) (Day) (Year)
5a.	f marriad, widowed, or di HUSBAND of (or) WIFE of	vorcad			22. I HEREBY CERTIFY. That I attended deceased from Dec. 9. 1931, to Dec. 197 1931
6. D	ATE OF BIRTH (month, d	lay, and yaar) $/8$	67-10-	6	Hast saw her alive on Loce, 18 1931; death is said
7. A	GE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 4:40 a.m.
-	64	1 2	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:
NO	8. Trada, profession, or kind of work done SAWYER, BOOKKI	as SPINNER. /	it hos	ne	Cerebral pavalysis
OCCUPATION	Industry or businass work was done, as SAW MILL, BANK	in which SILK MiLL,			J. J
000	Oate deceased last w this occupation (m year)	orked at		ne (years) in this pation	
12.	BIRTHPLACE (city or town				Other Contributory Causes of importance:
2	totale or country		?		
FATHER	14, BIRTHPLACE (city or (Stata or country)		milans	J	Name of operation
2	15. MAIDEN NAME		Eury -		What tast confirmed diagnosis?
MOTHER	16 BIRTHPLACE (city er				23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
ž	(State or country		ufland	3	Whera did Injury occur?
17.	NFORMANT Mrs. (Address) 24	G. H. Fr	boler.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
18.	BURIAL, CREMATION, OR		4	- /	Manner of injury
	Place migan	iore Oun	Lepata 22C	= 2 / = , 19 3 / :	Nature of Injury
19.	INDERTAKER 6:	m. Ha	Hind.		24. Was disease or Injury in any way related to occupation of deceased?
20.	ileo Die 19	,193/ 1/	& Cuid	Megistrar.	(Signed) Sea N. Beall M.D. (Address) Sebertylown M.D.
		If more	blanks are needed, ad	dress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage !	July 5, 1927	Peritonitis	3 days ago
BURFAUT			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Z

10 NAME OF

RE

11 BIRTHPLACE OF FATHER

(State or country

(State or Country

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER

E OF D	PLACE	HYSI- Exact		_
udr	County	PHYSI.		M
Bu	Village or Cit	assified	CORD	
JLL NAN	2FU	EXACT ly class floate:	000	
NAL AN	PERSO	stated proper of cert	0	
4 COL	3 SEX	-0		
16	Female	d ke	DING	
DT11		uid nay ba		

PLACE OF DEATH County Fuduck
Village or City Buywal (No
2 FULL NAME annie Viola Brown
PERSONAL AND STATISTICAL PARTICULARS
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
SLIT (Day), 190
AGE If LESS than I day hrs. or min.)
a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)
(State or country) Selstruft - Va

14365STATE OF MARYLAND CERTIFICATE OF DEATH TELLIMITE OF Registration Dist. No. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH HEREBY CERTIFY. That I attended the deceased and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Contributory Secondary 1 is ase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death Where was disease contracted, if not at place of dea.h? usual residence.

MY KNOWLEDGE

If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from additional line is provided for the latter statement; i whatever, write None. or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Housemoid, etc. If the occupation has been changed en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Salesman. Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Distance of Leath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Dioluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Brouchopneumonia ("Pneumonia,"

earbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Ezhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (secondary Whooping cough; Chronic Chronic interstitial nephrilis, Recommendations on statement of cause of dunus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart discase, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. All the duty is essential and must be obtained before the certificate is parmanently filed.

1932

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH 14366
1. PLACE OF DEATH	Pagistration Diet No. (31)
County Tubered	Registration Dist. No. / 30
Village or City & Mr. O out	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. il of loreign birth?
2. FULL NAME Que ant Can	0.1
	W. W.
(a) Residence; No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND ol	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	A 11
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 6 19.31; death is said
1-day, /hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked et this occupation (month end	and byxia (went from sull
9. Industry or business in which	Galleria Tol
work was done, as SILK MILL, SAW MILL, BANK, atc	3200 979
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME W. C. CANALLE 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Neme el operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catharus M Kause	23. If death wes due to extarnal causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) R.O. Tus cum	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner ol injury
Plece Dete Dete 1, 193)	Nature of Injury
MUNDERTAKER M. R. El chiam III	24. Was disease or injury In any way releted to occupation of deceased?
10. 11 at Total 1.1/1.1.1.	(Signed) T Clyb / Julian M.D.
20. FILED (193) Registrar.	(Address) Bushystown
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis BURE	1915	Attack of epilepsy	1 week ago
Chronic interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

MARGIN RESERVED

instruc

M set	PLACE OF DEATH
EX.	County Frederick
CORD I EXACTLY, rly classified	Village or City Mysespelle (No. 2FULL NAME fames Calor
atec	PERSONAL AND STATISTICAL PARTICULARS
ING IANE PARENT Id be presented to be	male. Color or RACE 5 SINGLE, MARRIED, WIDOWED MIDOWED OR DIVORCED (Write the word)
PERMANE should be tit may be	6 DATE OF BIRTH Sexternho 30, 18
A A High	(Month) (Day) (
OSATO	7 AGE UILES

(a) Trade, profession or particular kind of work.

OF FATHER (State or country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLAC

PARENTS

(b) General nature of industry business, or establishment in which employed or (employer)

CE OF DEATH	
reducibly	(94
6-	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 145

St.:Ward)	(If death a hospital tion, give i stead of number.)	or insti	itu-

	- in the state of
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOBOR RACE 5 SINGLE, MARRIED, MIDOWED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 19 4 , 1931
Lestembr 30, 1843	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	and that death occurred on the date stated above, at
yrs. 2 mos. 4 ds. or min.?	The CAUSE OF DEATHY was as follows: Partie of Describer Cardia Viscula
ession or Retised	Coronary Dansulasis With
or (employer)	myseardial failasse vis. nos de.
(v) Manyland	Contributory Secondary Hilian Selent Selent Durenton / yes mos de.
William Clark.	(Signed) Frank Melers M. D.
ountry) Mangland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Elyalith Boyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutiona, Transienta or Recent Residents)
Monglohd Monglohd	At place of deathyrsmosds. In the Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
engens Clark	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Franches Services & 1931.
7. 193 William S. Wachtel	20 UNDERTAKER ADDRESS ADDRESS My Jh Md
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement Foreman, For many occupations a single word or term on 07 especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. At Home, and children, without more precise specification as Day of Occupation-Precise statement of oc-For persons who have no occupation If the occupation has been changed not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e. g., sepsis, approved by telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus, Via Age, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranges," "Old Age," "Shock," "Twenttion," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease chopneumonia (secondary), etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14368
1. PLACE OF DEATH	93-2
County of releven	Registration Dist. No. 136
Village or City Rank Mells	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Parthur A C	Pau
(a) Residence: No.	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (agric the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Covic Covices	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 19 1849.	last saw hard elive on 1924, to 1931; death is said
7. AGE 73 Years Months 7 Days 1 If LESS than 6 1 day, hrs.	to have occurred on the date stated above, at 6 30) m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or postiguites	Date of onset
kind of work done, as SPINNER, August Wille	Chronic My rear tie Jony 192
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	1
Note that this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spont in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
E	
[State or country]	Name of operation
15. MAIDEN NAME PUR PURPLE	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Cohlenburg 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. UNFORMANT John J. Covy Adumbur 92	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place VIA Date DVC 23, 193 (Nature of Injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED De 27, 193 GO Bridge Registrar.	(Signed) T. Chyle / Coulsin M.O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

and the same of th	Example II	
The principal cause of death and related causes Date of onset of importance were as follows!		
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
,		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ż

should state

1. PLACE OF DEATH	JF MARYLAND	14369
County Frederica	fr	Registration Dist. No. /31
Village by City Freder	deeth occurred 60 vrs. 4 mo	of DOUNG, 3/12 6. Second St., 2 Ward for death occurred in a Dorpital or institution, give its NAME instead of street and number) s. 10 ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Virginia (a) Residence: No.3/2 6	.0	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of George 6. DATE OF BIRTH (month, day, and year)	H. Lorum.	22. I HEREBY CERTIFY. That t attended deceased from 12/1719 3/ 1 last saw have elive on Diagram 17 19 3/ ; death is sal
7. AGE Years Months 8. Trade, profession, or particular	Days If LESS than 1 day, hrs. ormin.	to have occurred on the date stated abova, at 5-00 4m
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Froeds (State or country) Moary	spent in this 6/	Other Contributary Causes of Importance:
	Moichael	Neme of operation Date of Whet test confirmed diagnosis? Fr Hyp all Was there an eutopsy? 7
15. MAIOEN NAME 20 mo 16. BIRTHPLACE (city or town) 15. (State or country) 17. INFORMANT 76 04 6. (Address) 3/2 6. 8-6		23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hot Olivet Lorn	0	Manner of injury
19. UNDERTAKER Thomas (Address) Firedage	In fled	24. Was disease or injury In any way related to occupation of deceased?
20. FILED/ P. Dec , 193/000	MucCauoles Registrar.	(Signed) (Address) M. (Address)

CTATE OF MADVIAND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:	
Arteriosclerosis JAN -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Or. Goodell

V. S. No. 1 N. B.—

1. PLACE O		JF MAK	YLAND—	CERTIFICATE OF DEATH
County Frederick				Registration Dist. No.
Village or (ity Feagaville			NoSt.,Ward
				death occurred in a hospital or institution, give its NAME instead of street and number)
				ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NA	ME Kate Shaw	en Culler	9	the same of the sa
(a) Residen	ice: No. tea	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSON	IAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
female	4. COLOR OR RACE		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH December 24, (193 1 (Year)
5a. If marriad, widow				(Month) (Day) (Year)
HUSBAND of (or) WIFE of	Philip L.	Culler		22. LI HEREBY GERTIFY That I attended deceased from
6. DATE OF BIRTH	(month, day, and year)	June 13.	1669	I last saw h.er alive on 2 43, 19.3/; death is sai
7. AGE Yes		Days	If LESS than	to have occurred on the data stated above, at 11.20A m.
6	6	9	I day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and Jetated causes of Importanca wera as follows:
8. Trade, profa	ssion, or particular			Alum Scenius 12
SAWYER	work dona, as SPINNER, , BOOKKEEPER, etc	Housewife		Mum 1 110
9 Industry or work wa	business in which s dona, as SILK MILL.			
01	s dona, as SILK MILL, LL, BANK, etcad last workad at	1 31 Total 6	ima (yaars)	
- 1 1113 0000	pation (month and	spa	nt in this upation	
yadı)		00-	upation	Othar Contributory Causes of importance
12. BIRTHPLACE (ci	ty or town) Maryle	ınd		Ishar Journay
1) UX (EB (
13. NAME	John T. Shawe	-		also a series of
14. BIRTHPLACE	(city or town)	yland		Name of operation Date of
	ME Lucretia B	0.00		What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NA	Mary			23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE	(city or town)	Lanu		Accident, suicide, or homicide? Date of injury, 19
-1 (State of	P. L. Culle:	~		Whara dld Injury occur? (Specify city or town, county and State)
17 INFORMANT Frederick, Md. R. D.				Specify whethar injury occurrad in INDÚSTRY, in HOME, ór in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL				Mannar of injury
Placa Feagaville, Md Data Dec. 27.19.31				Natura of Injury
19 IINDERTAKER	M. R. Etchi:			24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	Frederick,	nid.	*****************	If so, spacify
20. FILED 6. Se	~ 10315	Inrai	Registrar.	(Signad) Multiple M. (Addrass) M.
	If Vor	blanks are needed	1/	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PECEMED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	141 5 1062	July 5,1927	Peritonitis	3 days ago	
	TE SELECTION				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			1		

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

V. S. No. 1

1. PLACE OF DEATH	23
County Frederick	Registration Dist. No. / 39
Village or City State Sanatorum	No. V.A. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stanley & Cur	ry
(a) Residence: No. 9 rens loro Ca	william Co. Mo.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
male white married.	21. DATE OF DEATH Dec 3 (Yeer)
5a. If married, widowed, or divorced	(100)
(or) wife Pauline (urry.	22. HEREBY CERTIFY, That I attended deceased from
1 1 2 5 1000-	march 9, 1931, to A ec 30, 1931
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 6.50 P.m.
7 (5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Muchimist Helper	R day day
9. Industry or business in which	Uswindnary I morallous
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and $\frac{2}{20/31}$ 11. Total time (years) spant in this vear)	~~
0000160-1	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) 1 1 aug 1 au	
A	
E	
[14. BIRTHPLACE (city or town) A L Lawrence (State or country)	Name of operation Date of
	What test confirmed diegnosis? X Auy T OS Was there an au opsy? 10
15. MAIDEN NAME Hattie andrews	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. Berthplace (city or town) Auryland.	Accident, suicide, or homicide?
115 a Gardner	(Specify city or town county and State)
17. INFORMANT W. Jaravur (Address) State Sana Lorum Md.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I relinatoro Ma Date milmonn	Nature of Injury
19. UNDERTAKER Raymond B, Rawlings	24. Was disease or Injury In any way related to occupation of deceased?
(Address) greensdown.	If so, specify 1010000000000000000000000000000000000
20. FILED. 1930 , 1931	(Signed) A. J. J. M. P.
Registrar.	(Address) Stale Sana Cornin Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	•	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JAN 4 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	rilis	1,1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5, 1927	Peritonitis	3 days ago	
	.4.				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	-	
	M)	HYSI- Exact
	H UNFADING INKTHIS IS A PERMANENT CORD	nould be carefully supplied. ACE should be wated EXACTLY, PHYSI-CF DEATH in plain terms so that it may be properly classified. Exact
	MI	prope
UZ	ANE	be be
MARGIN RESERVED FOR BINDING	PERM,	should It may
20	A	that
F	IS	- 08
/ED	THIS	ppliec
SERV	NK-	ly sul
の円の	10 I	reful in pi
Z	ADI	ATH
AR	UNF	uid b
2	I	00

PLACE OF DEATH County Trulerick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 147
Village or City Wyg (No	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 12 1920 to wee 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when 12 , 1920 that I last saw here alive on when I last saw here alive of the I last saw here alive on where alive on when I last saw h
7 AGE 13 yrs. 5 inos. 25 ds. or min.	The CAUSE OF DEATH * was as follows:
particular kind of work Wouse Meeter (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) /5 yrs mos
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 9 BIRTHPLACE (State or country) 11 Aryland.	Contributory Secondory (Duration) (Sigled) (Sigled) (Address) (Address) (Duration) (Duration) (Duration) (Duration) (Sigled) (Address) (Address)
C State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF M	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmos
(Informant) Described Lavas	Former or usual residence
(Address) May My May May 15 Filed Dec 13 198 31 Wm H Clay Registrary	Hontgomery habel dec 14, 13.
If more bianks are needed, addre.a State Registre	ar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only, when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DENTH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material to know For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer. without more precise specification as Day (a) the kind of work and also (b) the mill; (a) Salesman. Lacorer--Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the bissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diohtheria avoid use of "Croup"); Pyphoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." marbolic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of approved by Committee on accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need stated unless important. Example: Measles as fracture of skull, and consequences (e. g., scpsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemonrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was under-Never report mere symptoms or terminal condicough; Chronic valvular etc. The Nomenclature of the heart disease; contributory Measles; (disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permenently filed.

1:02

STATE OF MARYLAND-	CERTIFICATE OF DEATH 14373
1. PLACE OF DEATH County Treduck Village or City State Sanatorium	Registration Dist. No. 139
Length of residence in city or town where death occurred yrs. Squos. 2. FULL NAME (a) Residence: No. C.	death occurred the a hospital of institution, give its INAINE instead of street and number)
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH Que Que (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 22 1930 to ALC 20 193
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. Avm. elive on D
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Idustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupetion (month and miles of this parties) spant in this	Pulmonary Tuberculosis nov 193
12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Contributory Causes of Importence:
13. NAME Willard F. Davis 14. BIRTHPLACE (city or town) Vary Land (State or country)	Name of operation Deta of Deta of Was there an europsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. THEORMANT WAY AND	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) State Sang Torinitud 18. BURIAL, CREMATION, DR REMOVAL Programment Comment of Co. Date	Manner of injury
19. UNDERTAKER Lage (Address) Lage (24. Wes disease or injury In any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I	-	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- The state of the				
Other contributory causes of importance:	1000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state DRD. Every item of infor-

of OCCUPA.

Exact statement UNFADING INK-THIS IS A PERMANENT I mation should be carefully supplied. AGE should be stated EXACTLY. be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY, WIT

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE O	F DEA	TH C	I WAI	ILAND	GENTITION TE	יו טב	1	4374
	County	Fred	derick.	1	Within the Corp		Registratio	n Dist. No./2/-	=
	Village or C		rederick			No.		St.	Ward
	Village of C	ity				death occurred in a hospital or institution	on, give its NA!	ME instead of street an	
	Length of resi	idence in ci	ty or town where d	eath occurred	yrs,mos		foreign birth?		mosds.
2	. FULL NA	ME Mr	s. Annie	Gertrude	Delawter.				
	(a) Residen	ce: No.	444 W. S	outh St.		St., Ward.			
	(4) 11001001			(Usual place	of abode)		If nonreside	nt give city or town s	nd State
	PERSON	AL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CE	RTIFICAT	E OF DEATH	
3. 5	SEX	4. COLO	R OR RACE		RIED, WIDDWED, D (write the word)	21. DATE OF DEATH	n	2nd	4
	female	wh:	ite	married		Decembe	(Month)	(Oav)	., 193 (Yeer)
5a.	If married, widow HUSBAND of	red, or divo	rced		11-11-11-11				
	(or) WIFE of	Me:	lvin P. D	elawter		22. I HEREBY			
								Dec. 2n	
	DATE OF BIRTH			ov. 8, 1		I last saw h_eralive on			: ; death is said
7. /	AGE Yea	ITS	Months	Oays	If LESS than 1 day, hrs.	to have occurred on the date stated			
	7	1	0	24	or min.	The PRINCIPAL CAUSE OF DEATH were as follows:			Date of onsst
N	8. Trade, profe	vork done,	as SPINNER,	**		"Pneullonia (Hy	bostat	, 10 /	11-30-31
T	SAWYER, BOOKKEEPER, etc		e						
OCCUPATION									
\ddot{c}	10-Date deceas	e deceased lest worked at 11. Total time (years)		ime (years)					
0		pation (mo	nth and	spa	ntin this				
	•					Other Contributory Causes of import Parknison's I	tance:		
12.	State or cour		Maryla	.nd		Fat Killboll b L	Tocasc		
æ			m 3				*********		
표	13. NAME	Wm. B	. Taylor.						
FATHER	14. BIRTHPLACE		wn) Md.			Name of operation		Oate of	
-	(Stete or					Whet test confirmed diagnosis?	~~~~	Was there e	n autopsy?
HE	15. MAIDEN NA	ME An	nie E. Ar			23. If deeth was due to external caus	es (VIOLENCE)	fill in also the follow	ing:
MOTHER	16. BIRTHPLACE		wn) Md			Accident, suicide, or homicide?		_ Dato of Injury	, 19
2		country)				Where did Injury occur?	(Specify city	or town, county and S	
17.	NEORMANT		.P.Delawt			Specify whether injury occurred In			
	(Address)		rederick,	ivid.		******			~~~~~~~~~~
18.	BURIAL, CREMAT					Manner of injury			
	Place. Mt.				4,,1931	Nature of injury			
19	UNDERTAKER		. Etchiso			24. Was disease or injury in any way	y related to occ	upation of deceased?_	
-0.	(Address)	Fred	erick, Md	•		If so, specify		7	
20	511503_h.		193/000	me	Luder	(Signed)	mk	axler.	
20.	FILEUS STATE		90.1.0.	1000	Registrer.	(Address)	rick w	laryland	
			If more	blanks are needed,	address State Higistrar,	2411 N. Charles Street, Balamore, Req	uesting V. S. N	lo. I.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1011 5 1039	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	iritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURLAU V. N.	July 5,1927	Peritonitis	3 days ago	
	-				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATE	EMENTS BY	PHYSICIAN
-------------------------	-------------	-----------	-----------

N. B.

00

County Fe redericts	STATE OF MARYLAND CERTIFICATE OF DEATH
04 11 00	Registration Dist. No. 133
Village or City Wolf Dorle (No. 25 U.L. NAME Wadoly Floretta	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FOLL NAME INWALLYN WELL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flenale While Write the word)	(Month) (Day) (Year)
Sept. 10, 1931	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. 2 mos. 2 6 ds. or min.?	by actions Diarregal
(a) Trade, profession or particular kind of work	0-
(b) General nature of industry business, or establishment in	(D)
which employed or (employer)	Contributory Contr
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrs. mos. 3 ds.
FATHER Elmer Delawler	(Signation of the M. D.
of FATHER (State or country) Frederick bo. Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Kline.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Frederick Co. Ind).	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Elizer Delawter.	Former or usual residence
(Address) Smithsburg 201d.	authoren Countery Word Frec. 7, 1931.
Filed Dec. 7 13/ Charles L. Leathern	en Emory Fry. Some troburg 40
If more blanks are needed, addre.a Ltate hegistrar, 16 W. Saratoga St., Balto, Requesting V. S. ho. 1.	

14375

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Form laborer, Laborer—Coal mine, etc. Wom-laborer, Form laborer, Laborer—the duties of the should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servon, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Solesman. (b) nature of the husiness or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Foremon, For many occupations a single word or term on (b) Automobile factory. The materia Stationary fireman, etc. (a) the kind of work and also (b) the Locomotive engineer, But in many Grocery,

Strtement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebros. inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "(E haustion," "Heart fautre, traculorinage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar y approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonocum, etc., Carcinomo, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic volvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions an avered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other, contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY, WITH V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14277
1. PLACE OF DEATH	210 m
County Indersol	Registration Dist. No. 144
Village or City Thurmons Ind	No. St Ward
Length of residence in city or town where death occurred wrs	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME / Zermeth Dome	alden-
(a) Residence; No. Oslana.	St. Ward.
(Usural place of abode)	, St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEND 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mac. While married	(Month) (Oay) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of AD16/	22. OI HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Phase Will	Ace 7, 1931, to Dic 7. 1931
6. DATE OF BIRTH (month, day, and year Meh 12 - 1409	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atA_m.
22 8 95 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER FLAT SAWYER, BOOKKEEPER, etc.	Date of oneet
SAWYER, BOOKKEEPER, etc.	1
Kind of work done, as SPINNER AND SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. To, Date deceased last worked at the constant of t	tulour bile accedent Dec 75
Date deceased last worked at this occupation (month and the \$\frac{43}{21}\] 11. Total time (years) spant in this occupation occupation occupation.	/0
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME W= Monaldson	
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Famile Scott	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16 BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury 12/7, 1981
(State or country)	Where did Injury occur? man / hurmout 1
17. INFORMANT Trank floraldson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er. in PUBLIC PLACE?
(Address) (Crrtana Ga	Miderics & The Cublic Highway
Place Faryfield O Date blee 7, 1931	Nature of injury
19. UNDERTAKER & Bengder Hon	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Del 7. 1984 Ama M. Jones	(Signed) Morris about M.D.
If more blanks are needed address Seen Business	(Address) Thurmout Mich.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	*	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JAN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		: 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
	Marine Service Andrews			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

M	Y, PHYSI-	1PLACE OF DEATH County FREDERICK	14378 STATE CERTIFI Regis
(EXACTE ly classif	Village or City MIDDLETAWN (No	UTROW St.:
MARGIN RESERVED FOR BIND	WRITE FLOWLY, TH UNFADING INKIHIS IS A PERMANENT Every Item of information should be carefully supplied. ACE chould be catefully supplied. ACE chould be catefully supplied. ACE chould be catefully should citte CAUSE CF DEATH in plain terms so that it may be proper statement of OCCUPATION is very important. See instructions on back of certifications.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH SEPT. (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min.? 4 COLOR OR RACE (Nonth) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than I day hrs. or min.? ds. or min.? 4 ABOR (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Nate or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	MEDICAL CERTIFICATION (Monor 17 I HEREBY CERTIFY, The 1981, to that I last saw here alive on and that death occurred on the dath The CAUSE OF DEATH * was as for the CAUSE OF DEATH * was as f
- 4	Every CIAN States	(Address)	20 UNDERTAKER

N. B.

OF MARYLAND

CATE OF DEATH

	-	
St.:Ward)	a hospital	occurred in or institu- ts NAME is -
	stead of	street and

CATE OF DEATH

		18 (Day)	19 3 /
17 I HEREBY CER	TIFY, That I	attended the	deceased from
hat I last saw her aliv			
that death occurred of the CAUSE OF DEATH *			m ,
Valvulo	hear	f de	taol
	(Duration)	yıə	mosda,
Contributory	• 44 * * * * * * * * * * * * * * * * * *		van sa a ca = ca a ca a a a a a a a a a a a a
Signed) RVH	(Durstion)		ds. M. D.
*State the Disease Violent Causes, state (Accidental, Suicidal or Ho	Causing De		
ELLNGTH OF RESIDE		ospitals, Instit	utions, Trans-
At place of deathyrsmos		the Stateyrs	ds,
Where was disease contracted, it not at place of dea h?		•••••	
former or usual residence	***************************************		***
9 PLACE OF BURIAL OR		A - 17A	OF BURIAL
DOLFTONN L	11/10/11/	ADDRES	

If more banks are needed, address tate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report Foreman, For many occupations a single word or term on specifically the occupations of persons en-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "(E:haustion," "Heart mus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condist.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculasis of lungs, mencan be ascertained as the cause. Always qualify all (secondar/ or intercurrent) affection need not be American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the later is essential and must be obtained before the certificate is permanently filed.

4

(11)	p	-	
(IN)	1 1	100	
1	4	TY1	6
	1	301	,

CORD

Villa

PLACE OF DEATH County Frederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

age or City Jolus Caler (No.	• St
2 200 8	5 11
2FULL NAME MELISSA &	Junis

(If death occurred in a hospital or institu-Ward) tion, give its NAME In stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARNIED. WIDOWEO. MARNIED. OR DIVORCED (Write the word)	16 DATE OF DEATH DIC. 26, 1931 (Month) (Day) (Year)
Masch 22, 1896 (Month) (Day)	that I last sew helf alive on Dec 26 1931
35 yrs. 9 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) yrs, mos & de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Eduard arshown 11 BIRTHPLACE OF FATHER (State or country)	(Signed). (Duration) yrs mos ds. (Signed). (Address) We Alexan. *State the I is ass Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER CLICE Saylor 13 BIRTHPLACE OF MOTHER (State or Country) Md	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Fastes Finds (Address) Middle on M	if not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS

If more banks are peeded, addre.s ! tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

20

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, -(b) Cotton mill; -(a) Salesman should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enetc., For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (6) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." st. ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Always qualify all Measles; disease;

If this cartificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

V. S. No. 1

PLACE OF DEATH

County Jellenel	CERTIFICATE OF DEATH Registration Dist. No. 144
Village or City ho House Clement Edward	St.: Ward) (If death occurred is a hospital or institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH QUE 1911, 1931. (Mouth) (Day) (Year)
6 DATE OF BIRTH August 16", 1889 (Mooth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 / to 2 / 192 / to 192 / that I last saw h Manaliye on 192 / 192
7 AGE If LESS than I day hrs. H2 yrs. H mos. 23 ds. or min.?	and that death occurred on the date stated above, at 2 50 10 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Manufactorer (b) General nature of industry business, or establishment in which employed or (employer) Ang Island In 9 BIRTHPLACE (State or country)	(Duration) Q yrs. mos. d
10 NAME OF FATHER Clement & Gardiner 11 BIRTHPLACE OF FATHER (State or country) England	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Helen Simmerman 13 BIRTHPLACE OF MOTHER (State or Country) Ohio	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmos
(Informant) Min Louis he Pherson (Address) Murmonh md	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mh O liveh Freder Wee 2/193.
15 Filed Dec, 21 1931 anna M. Jours	# DORESS #illhide of Esleger Pourround To W. Saratoga St., Balto., Requesting V. S. No. 1.

14380

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, (b) Cotton mill; (a) Salesman. (b) Groeery; (a) Foreman, (b) Automobile Judory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on

EASE ("AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul ferer (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be street unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Nomenclature of the " "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

No 1 20

YSI-	Exact	1	
Y. P.	ed.		
ACTL	lassif	te.	
MEX P	erly c	rtifica	
Pate	prop	of ce	
uld be	nay be	back	
E sho	at it n	ns on	-
. AC	so this	uctio	
pplied	erms	instr	
lly su	lain t	t. See	1
arefu	H in p	ortan	
o od b	DEAT	ry imp	
shoul	ECF	la ve	
ation	CAUS	NOIL	
form	0101	CUDA	
of in	s pine	of OC	
Item	s sho	ment	
N. B Every item of information should be carefully supplied. ACE should be sted EXACTLY, PHYSI-	DIAM	statement of OCCUPATION is very important. See instructions on back of certificate.	-
N. B.	1)	

PLACE OF DEATH County FREDERICK	14381 H	STATE OF I CERTIFICATE Registration	
Village or City A RMAN (No		St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. OR DIVORCED (Write the ward)	16 DATE OF DEATH	Dec.	15, 19 3 1
6 DATE OF BIRTH OCT. (Month) (Day) (Year)		CERTIFY, That I att	ended the deceased from 192, 192,
7 AGE If LESS that I dayhr ormin	s. The CAUSE OF DEA	rred on the date stated TH * was as follows:	above, atm.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory	Durstion)	yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Molden Name	(Signed)	L. (Address) Turing I (Address) Pleath, tats (1) Means of In or Homicidal.	or, In deaths from jury and (2) Whether
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent R At place of deathyrs	in the mosds, Stat	eyrsmosds.
(Informant) GEORGE GREEN	if not at place of dea	***************************************	
(Address) SALTISBUL	19 PLACE OF BURI	L OR REMOVAL	DEC. 20, 1931
15 Filed Dev. 18 1931, William & Wachtel	20 UNDERTAKER	DHILL	AODRESS
	an 12 W Saratoga St.	Balton Lequesting V.	S. ive. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cools, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Flanter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the DISTERACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Ilyphoid fever (never report "Typhaid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

8

This were din detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is

permanently filed.

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the eause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all qu stions American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondar) or intercurrent) Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

V. S. No. 1

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of C. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars 51 ? Months Days It LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Days the secupation (month and yaar) D D Data deceased last workad et this occupation (month end yaar) 12. BIRTHPLACE (city or town) Maryl and 13. NAME Nathaniel Green. Maryl and 14. BIRTHPLACE (city or town) Neme of operation. Neme of operation. Date of Neme of operation. Neme of operation. Neme of operation. Date of Neme of operation. Date of Neme of operation. Date of	1
Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. How long in U. S. if of border in U. S. if of town long in U. S. if of border in U. S. if of town long in U. S. if of border in U. S. if of town long in U. S. if of town long in U. S. if of DEATH 21. DATE OF DEATH 22. Later EBY CERTIFY that I attanded diversed to have occurred on the date stated bove, a 2.45A m. The principal of the date stated bove, a 2.45A m. The principal of the date stated bove, a 2.45A m. The principal of the date stated bove, a 2.45A m. The principal of the date stated bove, a 2.45A m. The principal of the date stated bove, a 2.45A m. The pr	
(a) Residence: No. 236 E. Seventh (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White Black OR DIVORCED (curic the word) White Black OR DIVORCED (curic the word) Widower 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curic the word) Widower 5. Lift married, widowed, or divorced HUSSAND of (or) Wife of 6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days II LESS than 1 day. hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPPER, atc. 1. Industry or business in which work was done, as SPINNER, Laborer SAWYER, BOOKKEPPER, atc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1. SAW MILL, BANK, etc. 1. BIRTHPLACE (city or town) (State or country) 1. BIRTHPLACE (city or town) Neme of operation. Date of Interest of DEATH 21. DATE OF DEATH Dec . 12th . Well Countributed Cert of DEATH 1. Total time (years) spent in this occupation (month end years) spent in this occupation (month end work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) Maryl and Neme of operation. Neme of operation. Date of Neme of operation.	
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE Male Winte Black No Divorced Curric the word) Widower 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars S. Trada, profession, or particular kind of work done, as SPINKER, Laborer No Windows occurration (month and year) No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et work was done, as SPINKER, Laborer No Daya daceased last worked et worked et work was done, as SPINKER, Laborer No Daya daceased last worked et	
3. SEX 4. COLOR OR RACE Male Wilter 5s. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars 51 ? Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOKKEPER, atc. Industry or businass in which work was done, as SPINNER, Laborer Industry or businass in which work was done, as SPINNER, Laborer SAWYER, BOKKEPER, atc. Industry or businass in which work was done, as SPINNER. SAW MILL, BANK, etc. On Data daceased last worked et this occupation (month end yaar) Dihar Coatributery Causes of importance: Dihar Coatributery Causes of importance: Naryl and 14. BIRTHPLACE (city or town) Naryl and Neme of operation. Date of Dec . 12th. (Month) (Month) (Day) 22. LETT F Y that I attanded divided to the word of t	ale
male winte Black Widower 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days ILLESS than 1 day, hrs. 1 day work was done, as SPINNER, Laborer SAWYER, BOOKKEFPER, atc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as Class of this occupation (month end yaar) 1 lindustry or businass in which 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1 lindustry or bus	
56. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days I! LESS than 1 day. hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last workad et this occupation (month end yaar) 12. BIRTHPLACE (city or town) 13. NAME Nathaniel Green. 14. BIRTHPLACE (city or town) Neme of operation. 12. Date of Maryl and 14. BIRTHPLACE (city or town) Neme of operation. Date of Maryl and Date of Maryl and Neme of operation. Date of Maryl and Neme of operation. Date of Maryl and Neme of operation. Date of Maryl and Date of Maryl and Date of Maryl and Neme of operation. Date of Maryl and Date of Maryl and Neme of operation. Date of Maryl and Date of Maryl and Date of Maryl and Neme of operation. Date of Maryl and Neme of operation. Date of Maryl and Neme of operation. Date of Maryl and Date of Maryl and Neme of operation.	93 1 (Year)
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days If LESS than 1 dayhrs. ormin. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. Data daceased last worked et this occupation (month end yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Nathaniel Green. Maryland 14. BIRTHPLACE (city or town) Neme of operation. Neme of operation. Date of	
7. AGE Yaars Months Days II LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, atc. 1. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Nathaniel Green Maryland 14. BIRTHPLACE (city or town) Neme of operation. 14. BIRTHPLACE (city or town) Neme of operation. Neme of operation. 15. Date of	, 19.
SAWYER, BOOKKEPPER, atc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. Data daceased last workad et this occupation (month end yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Nathaniel Green. Maryland 14. BIRTHPLACE (city or town) Neme of operation. Date of	Date of onset
yaar) Occupation Description	
yaar) Occupation Description Occupation Occupation Description Occupation Description Occupation Description Occupation Occupation Description Occupation Occupation Occupation Description Occupation	
12. BIRTHPLACE (city or town) (State or country) 13. NAME Nathaniel Green. Maryland 14. BIRTHPLACE (city or town) Date of	
13. NAME Nathaniel Green. Naryland Name of operation. Name of operation. Date of	
Maryland Neme of operation Date of	
(State or country)	
what tast confirmed diagnosis?	opsy?
15. MAIDEN NAME Letitia Brown. 15. MAIDEN NAME Letitia Brown. 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Where did injury occur?	, 19
Miss. Summerville Green Negatify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass)	Ę.
18. BURIAL, CREMATIDN, OR REMOVAL Place Fairview Cem.FRED Date Dec. 15, 19.31 Natura of Injury	
M. R. Etchison & son. 19. UNDERTAKER Frederick; Md. 24. Was disease or injury In any way raise to occupation of deceased? If so, spacify (Signad)	M. I
Registrar. (Addrass)	L,

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I IVEL		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 5 1932	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
----------------------------	-----------------------------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A grant material and in			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
county mades in	Registration Dist. No. 3/2
Village or City fndnex Length of residence in city or town where death occurred vrs.	No. Tricle and Culty Houfst., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number) 105. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Mary Elizabeth At (a) Residence: No. & Herty town	St., Ward.
// (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finalls 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH Dre - 26 - 1931
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yoer) 22. I HEREBY CERTIFY. That I attended decaased from the company of the com
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,	I last saw h. A alivo on Dac 26, 19 3 death is sa to heve occurred on the date stated ebove, et 8 0 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Prinalure birth (6. mas
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 21 13. NAME H, Brue Hauwoud	
13. NAME H, Buce Hauwoud 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there on autopsy?
15. MAIDEN NAME Rachael V. albaugh 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Rashael T, albaugh	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St Cellus Cum Date 26 - See 190/	Manner of injury
(Address) Federigite; hand	24. Wes disease or Injury In eny wey releted to occupation of deceased?
20. FILED 26 Dec , 193/ Oraf McCurly Registrar.	(Signed) VIII J. Hrone M. (Address) Reduct forwar Md at, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1952	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURPAU V. B.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STA	ATEMENTS BY	PHYSICIAN
-------------------------	------------	-------------	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

|--|

OCCL

FATHER

MOTHER

10. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stata or country)

(State or country)

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION,

19.- UNDERTAKER (Address)

year) _____

or- ate		STATE (OF MARYLAND—	CERTIFICATE OF DEAT
infor state	1. PLACE OF	F DEATH		79-2
m of hould	County	mercine Fred		No. Frederich City Joseph
of of		dence in coop r town where		f death occurred in a horpital or institution, give by NAME (no. ds. How long In U.S. if of foreign firth?
RD. Every YSICIANS	2. FULL NAI	MET hastis	Homer Va	USt., Ward. If nonresident give
PHY set	PERSON	AL AND STATIST	(Usual place of abody)	MEDICAL CERTIFICATE O
LY. Exa	neale	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH
OING ANEA 1 CT	5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		22. A I HEREBY CERTIFA
BINDIN PERMANI E X A C T y classifie	6. DATE OF BIRTH (month, day, and year)	1925-	I last saw h alive on
FOR E IS A Pl stated properly	7. AGE Yea	rs Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated obove, at J
VED F -THIS IS uld be st nay be pr	Kind of w SAWYER, Industry or	ssion, or perticular vork dona, as SPINNER, BDDKKEEPER, etcbusiness in which done, as SILK MILL,	Child	Menni zita

11. Total time (years)
spent in this
occupation

sead of street and number) . yrs. ____ mos, ___ ds. city or town and State F DEATH That I attended decaased from 19. J /death is said ≠. M. Importance Date of onset

Other Contributory Causes of Importance Name of operation.

23. If death was due to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide?______ Date of injury______ 19__ Where dld injury occur?_____

What test confirmed diagnosis? Was there an autopsy?

(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury Nature of Injury

24. Was disease or injury in eny way related to occupation of deceased?

If so, specify (Signed)

Registyar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	T. 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis JAN -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 143	57
1. PLACE OF DEATH	23	1.
County Juderack	Registration Dist. No.	7
Village or City State Sanaturum	No. St., St., death occurred in a horpital or institution, give its NAME instead of street and numl	Ward
Length of residence in city or town where deeth occurredyrsmos		ds.
2. FULL NAME William	arvey , at	
(a) Residence: No. 3319 Paine (Usual place of abode)	St., Ward. Ballo Vidy If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH & QC. 23, 19	18.
5e. If married, widowed, or divorced	(Month) , (Day)	(Yeaf)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended dece	eased from
0.51071	N 2 (4 , 10 S), to W 2 (2 S)	, 19
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	2 ア	eath is seid
55 // 18 1dayhrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this cocyunation (month and	A 10 100	
work was done, as SILK MILL, SAW MILL, BANK, etc	Outhonary Juleanous	.~
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation was competion 10.40	O ,	
12. BIRTHPLACE (city or town) Balto . Md. (State or country)	Other Coutributory Causes of importance:	
The state of the s		
14. BIRTHPLACE (city or town) I reland.	Name of operation WWNL Date of	
(State of Country)	What test confirmed diagnosis? Chest Xray Was there en au op	osv? V2
15. MAIDEN NAME 1903e Cougle	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Mary and .	Accident, suicide, or homicide? Date of injury	, 19
State or country)	Where did injury occur?	
17. INFORMANT A: Gardel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place 13 al 10. Md Dete Lubrusys	Manner of injury	
19. UNDERTAKER M. L. Creager	24. Was disease or injury in any way related to occupation of deceased?	110
(Address) Thurmon W	If so, specify 1 +	
20. FILED 12/23 1931 Dr. O & Cullen	(Signed) Alway A. Muffl	M.D
Registrar.	(Ardress) Itale Sana Torin	~ m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923		1 year
		30	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAUV.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

So, Kling

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 14389
1. PLACE OF DEATH	92-0
County Tully	Registration Dist. No. 147
Village or City Near Caloclin + M	Notice St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. / How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Selena M. X	Henrens
(a) Residence: No. Near Catactar (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 198 (Pear)
5a. If married, widowed, or divorced HUSBAND of	22
(or) WIFE of J. D. O Henreny	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Der 10th 187	19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.05 m.
59 7 (22 1 day, krs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Cardia Susullicence
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(mitral regent tothin) 1920
this occupation (month and less spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
I 13. NAME Carvard Jourg	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ROA Memana	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT A Deureny (Address) Thurmanh mix	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er In PUBLIC PLACE.
18. BURTAL CREMATION, DR REMOVAL (atholic) - 11	Manner of Injury
Plashumonh Date Mile 0, 1931	Nature of injury
19. UNDERTAKER Maleragu Wang (Address)	24. Was disease or Injury In any way related to occupation of deceased? NO
D = 1/ 21/1 20	(Signed) William Dray
20. FILED. helle, 7., 1931 Michaell : Bulls Registrar.	(Addiges) Thermout - Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

T.	Example I	-	Example II	
The principal cause of desof importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	0.10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	C. 116 T. T.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V.	July 5,1927	Peritonitis	3 days ago
6.				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPA. HYSICIANS Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. ARGIN RESERVED AGE should be pe TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY

V. S. No. 1

1. PLACE OF DEATH	14390
county tredrench	Registration Dist. No.
Village or City State Sociatorum	$n \rightarrow 0$
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I CLARY Serve	
(a) Residence: No. 5/0 N. Mashington (Usual place of abode)	St., Ward. Salfman Ma
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normale Note Note Normale Normale Normale Normale	21. DATE OF DEATH Lec. 24 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Colara Herbert	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 000 25 1874	I last saw hard elive on Dec. 23 1931; death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date steted above, at. 7.1. A.m.
57 3 (29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
sequestry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Mummany lutriculoses of
spontin this	mouh
year)occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Miliam J. Kerbuh 14. BIRTHPLACE (city or town) 14 m for d Co	Name of operation. None Date of Date of
(State or country)	What test confirmed diagnosis? Ilmusify & Roy Wes there an au opsy? W
15. MAIDEN NAME Flora J. Wells	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME of Cora V. Wells 16. BIRTHPLACE (city or town) African Agrangement of the Corporation of th	Accident, suicide, or homicide? Date of injury, 19
(State or country) / Harford o, Ma	Where did injury occur?
17. INFORMANT IV. A. Cordner Ord	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Baltunors Dote Makesperson	Nature of injury
19. UNDERTAKER M. L. Creager	24. Was disease of injury In eny way related to occupation of deceased?
(Address) Turmont and.	If so, specify
20. FILED MY 19 J Registrar.	(Signed) Charles Atati Sanatorium M.D.
Arginiai.	TO THE PARTY SELECTION OF THE PARTY OF THE P

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

14391

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . IAM -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every Item of information should be carefully supplied. ACE should be safed EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANEN FOR BINDING A SI H UNFADING INK--THIS MARGIN RESERVED WRITE PL

V. S. No. 1

	14302
PLACE OF DEATH County Sederies who come to the county of	STATE OF MARYLAND CERTIFICATE OF DEATH
P1-11	Registration Dist. No. 14/
Village or City Clessall (No	St.: Ward) (If death occurred in a hospital or institu- tion, give lts NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Olor OR RACE 5 SINGLE. MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /2 /9-, 192/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/ to Dec / 944 , 193/ that I last saw have alive on Dec / 944 , 193/
J3 yrs. mos. de or min.? **COCCUPATION** (a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in which employed or (employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
FATHER Richard Hell II BIRTHPLACE OF FATHER (State or country) MI	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENCTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
I (Informant) Ker. Warniel Grafton Will Ju	if not at place of dea(h). Former or usual residence
(Address) Pottand Oregon.	Polynille Me Date of Burial Rec 22, 13/
Filed DCC 2/ 193/ Mary S. Yulaus Registrar	20 UNDERTAKER C. W. Full Son Brunns M.

If more blanks are heeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebrospino EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature . lelqnus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease American Medical Association. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

danswered in detail, it will prevent further correspondence. All the datt is essential and must be obtained before the certificate is permanently filed

If mod blanks are needed, address State Regist

		-0	4353
	Registration Dist.	No. 131	=
Noleath occurred in a horpital or instids. How long in U.S. If			
St., Ward.	If nonresident give ci	ty or town a	nd State
MEDICAL	CERTIFICATE OF	DEATH	
21. DATE OF DEATH	Dec (Month)	bay) H	, 193 (Year)
I last saw h 1111 alive on. to have occurred on the date sta The PRINCIPAL CAUSE OF DE, were as follows:	Dec 14 sted ebove, at 12.150	. 193) m.	d deceased from
7	41	,	
las mar	- 1	/	0-12
Coronar	Jurome	sec	
Other Contributory Causes of im	portance:	oec,	
Other Contributory Causes of im		oec,	
Other Contributory Causes of im	portance:	•	
Other Contributory Causes of im	portance:	Date of	
Dther Contributory Causes of int	portance:	Date of Was there a	n au¹opsy?
Dther Contributory Causes of im Name of operation What test confirmed diagnosis? 23. If death was due to external c Accident, suicide, or homicide?	portance:	Date of Was there a	n au¹opsy?
Dther Contributory Causes of int Causes of int Name of operation What test confirmed diagnosis? 23. If death was due to external c	portance: auses (VIOL ENCE) fill in al	Date of Was there a so the follow	n au¹opsy?ing:
Dither Contributory Causes of int Name of operation	auses (VIOL ENCE) fill in al Date o (Specify city or town, in INDUSTRY, in HOME, o	Date of Was there a so the follow	n au¹opsy?ing:
Name of operation	auses (VIOL ENCE) fill in al Date o (Specify city or town, in INDUSTRY, in HOME, o	Date of Was there a so the follow f injury county and S r in PUBLIC in PUBLIC in the second s	n au'opsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: An 5 1932 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis RTTP 11.47	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis	1 year
		N N	

0

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
111111	Registration Dist. No. /3/-
Village or City Frederick (No. Molly)	St.: Ward) (If death occurred a hospital or institution, gital to its NAME is stead of street ar
2FULL NAME Offorge W. Jenne	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lee // 193/
S DATE OF BIRTH	(Month) (Day) (Year) (17 Li HEREBY CERTIFY, That I attended the deceased from 1921. to 1931.
(Month) (Day) (Year)	that I last saw h rim alive on the . // , 193/
AGE	and that death occurred on the date stated above, at 900 P
8/ day hrs.	The CAUSE OF DEATH * was as follows:
yrs. L mos. d ds. or min.?	Cirlenos clevero C Coronary
OCCUPATION (a) Trade, profession or	Occlusion ?
particular kind of work	4
(b) General nature of industry business, or establishment in	(Durstion) yte mos 6
business, or establishment in which employed or (employer)	On true of on making making
(State or country) Maryland.	Contributory Secondary A (Durstion) YES MOS A
10 NAME OF	San by Harrithing to
FATHER UNKNOWN	6 (Variable) 1
11 BJRTHPLACE OF FATHER	1921 (Address) Vertical and
OF FATHER (State or country) Services	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 14	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ilospitals, Institutions, Trun
i murgary!	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yis mos. ds. In the State yrs mos.
(State or Country) Zewany	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Les. B. Kehre	Former or usual residence
(Address) Frederick MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WILL 14 193
Filed/2 Dec 193/ Ira/ meauly	26 UNDERTAKER ADDRESS ADDRESS M

14354

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter. tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on who are engaged in the duties of the Locomotive engineer,

Stratement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

STATE OF MARYLAND-CERTIFICATE OF DEATH

7	a	3	(1	Par	
1	Z	0	U	U	

1	. PLACE O	F DEATH	•				
	Village or C	Frederick	k			Registration Dist. No. 131 No. 341 S. Warlest St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	d
						ds. How long in U.S. if of foreign birth?yrsmosd	S.
2		ME Charles ce: No. 341			St.,	St., Ward. If nonresident give city or town and State	-
-	PERSON	AL AND STAT	ISTICA	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	gra.
-	male male	4. COLOR OR RACI		SINGLE, MAR OR DIVORCES MARRIED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December 30, 193 (Year)	
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divorced Ida M. Mea	sel			22. CHEREBY CERTIFY, That I attanded deceased from 29, 1931, to 2012 30, 1931	
6. 1	DATE OF BIRTH	month, day, end year)	Oct.	29 186	5	I last saw h sine alive on alle Ju	d
7.	AGE Yee 65	rs Montil	ns	Deys	11 LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1/4 6 - Q.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate olonse	
	Industry or work was SAW MIL TO Date decease this occur year)	ty or town) <u>Mary l</u> ntry)	Groc /28/3 and	ery St	ore me (years) it in this 10yrs pation	augua Pielons 17/29.	J.
FATHER		(city or town). Mar.				Name of operation Oata of	
ER	15. MAIDEN NA	ME Maria Wo	od.			What test confirmed diegnosis? Was thera an autopsy? 23. If death was due to external causes (VIOL ENCE) filt in also the following:	-
MOTHER	16. BIRTHPLACE	(city or town) Mar	yland	l •		Accident, suicide, or homicide? Data of Injury, 19 Whera did injury occur?	
17	INFORMANT MY (Address)	s. Ida M. Frederic				(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	•
18.		lon, or REMOVAL		0 4. Tana	0 10 70	Manner of Injury	
_	UNOERTAKER M (Address) F	R. Etchi rederick,	son &	Son.	lus Cush	Neture of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	0.
		If	more blan	ks are needed, a	ddress State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be seeured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPPAU V B		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.

ż

should state of OCCUPA.

19. UNDERTAKER

(Address)

Frederick,

3

		STATE C	F MARY	'LAND-	CERTIFICATE	OF DEA	TH 14	200
1	PLACE OF	DEATH	PERSONAL PROPERTY.	1010	59		131	(100
	County Fr	ederick.			me rue comment mare	Registration E	Dist. No. / 3/	=
	Village or Ci	ty Frederick			No.		St	Ward
					death occurred in a hospital or institu			number)
	Length of resid	lence in city or town where	death occurred	yrsmos	ds. How long in U.S. if o	of foreign birth?	yrsr	nosds.
2		ME Mrs. Elea		ay Kemp.				
	(a) Residence	ce: No. 38 E. So	uth St.,		St., Ward.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			(Usual place of				rive city or town an	d State
		AL AND STATIST				ERTIFICATE	OF DEATH	
3. S	female	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH	December (Month)	9 , (Day)	1 , 193 (Year)
5a.	If marriad, widowe	ed, or divorced	1					
T market	HUSBAND of (or) WIFE of	Daniel Enos	Kemp.			CERTIFY		deceased from
6. I	DATE OF BIRTH	month, day, and year) A	ugust 26.	1875	I last saw h.er alive on	wee	8 ,193/	; daath is said
7. /	GE Year		Days	If LESS than	to have occurred on the date state	ed abova, at 4.30	A.m.	
	56	3	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related cause	s of importance	Date of onset
OCCUPATION	kind of w SAWYER, 9. Industry or b	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Housewife Home	•				Date of disset
3,	SAW MILI	L, BANK, etc	1		Dra Teles 2	nellati	0	
8	this occup	ed last worked at pation (month and	II. Total tim spent occup	in this ation				
12.	BIRTHPLACE (cit (State or coun	y or town) Maryla	nd.		Other Contributory Causes of imp	ortance:		
ER	13. NAME J	oseph Zimmer	man.					***
FATHER	14. BIRTHPLACE (State or	(city or town) Maryla country)	nd.		Nama of operation What test confirmed diagnosis?			
2	15. MAIDEN NAI	ME Hailey C.	Stine.		23. If death was dua to externat ca			
MOTHER	16: BIRTHPLACE (State or	(city or town)	land		Accident, suicide, or homicide? Where did injury occur?	C	Date of Injury	, 19
17.	PRESIDENANT	Mrs. R. F. Ma Frederick, Md			Specify whether injury occurred in		town, county and St ME, or in PUBLIC P	
18.		ION, OR REMOVAL	ter men		Manner of injury			
		livet Cem.Fre		111931	Nature of injury			
		M. R. Etchiso	n & Son.			0 - 5 - 1		The same of the sa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

tf so, spacify

(Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis JAN 5 1932	1915	Attack of cpilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUD. 14. U	July 5, 1927	Peritonitis	3 days ago
<u> </u>		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH	14397 STATE OF MARYLAND
County Trolevier	CERTIFICATE OF DEATH
P.1 + 1-	Registration Dist. No. 137
Village or City Willage (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Ella Joseph C	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICA PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIED, Lungle OR DIVORCED (Write the word)	16 DATE OF DEATH Drc - 13 , 1931 (Month) (Day) (Year)
f DATE OF BIRTH Jaw 22, 1871	17 A HEREBY CERTIFY, That I amended the deceased from Cury - 30 1930 to 13 ,1937
(Month) (Day) (Year)	that I last saw h alive on 100 - 12 , 1923/
7 AGE If LESS than I day	The date stated above, at
(00 yrs. 11 mos. 11 ds. or min.?	7) . 37 / 1'
(a) Trade, profession or Housewook particular kind of work	Chrome lephines
(b) General nature of industry	V
business, or establishment in which employed or (employer)	(Durstion) 3 yrs. 0 mos. 0 ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF Chas. a. daconne	(Signed) Otis B. Horre M. D. Are 13 (Address) Aberly Foron
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Olivia Costa	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER THE	ients or Recent Residents) At place In the
(State or Country)	of deathyrsds. Stateyrsds. Where was disease contracted,
The Above is true to the Best of My Knowledge Mus M. Jame Docomers	if not at place of dea.h? Former or usual residence.
(Address) New Market Hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Telers Cemelery Dic - 15, 1931
15 Filed Del. 14 1831 WA Cuifman	Wasegh + Powell alberty town
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more process. Tool mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN

2

1. PLACE			JE MAR		CULTURE WHITE 820
County	Freder	ick		William man	Registration Dist. No. 2/=
Village or	0.0	derick			No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL N		s. Ann	ie L. Lea	ther.	St., Ward. If nonresident give city or town and State
PERSO	NAL AND	STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex female	4. color o		5. SINGLE, MA OR DIVORCE Single	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Dec. 18, 1931 (Month) (Day) (Yea
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorce	d		·	22. DI HEREBY CERTIFY. That I attended deceased Y 1951, to Doe 19, 19;
6. DATE OF BIRTH	i (month, day, e	nd year)	Dec. 5,	1853	I last saw h elive on el 4 10 200 - 19 death is
7. AGE Y	ears 78	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were perfollows:
SAWYE 9. Industry or work w SAW M 10. Date deces this occ	fession, or partif work done, as ER, BOOKKEEPE T business In W was done, as SIL HILL, BANK, etc. ased last worker cupation (month	SPINNER, R, etchich K MILL,	Sp:	time (years) ant in this	Herebrol Heumlings
12. BIRTHPLACE ((State or co	ountry)	Mary	land	upation ,	Other Contributory Causes of importance:
	CE (city or town or country)	Mary			Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN N	IAME Mar	garet -	Hagan		23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
	CE (city or town or country) Mrs. Frede	P.F. D	itrow.		Accident, suicide, or homicide?
18. BURIAL, CREMA	ATION, OR REM	IOVAL		c.20,, 1931	Manner of Injury
19. UNDERTAKER _ (Address)	M. R.	Etchis	on & Son.		Nature of injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 19-2	Dec., 195	31000	y mu	Registrar	(Signed) E O Thomas. (Address) Fredontile
		If mor	blanks are needed,	address State Resistrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	93-0
County dredericle	Registration Dist. No. 147
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s, ds Howlong in U.S. if of foreign birth? yrs. mos. ds
u'n n P	s
2. FULL NAME Julguman dea	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDGWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFM, That I attended deceased from
(or) WIFE of Unknown	22. Wow 10 .19 31 Wec 2 3 , 19 31
6. DATE OF BIRTH (month, day, and year) /8 H O	1 last saw how alive on Wee 23 1971; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 10 Pm.
91 0 0 1 day, hrs.	The fill of the control of partitions and the control of the contr
9 Trade profession or portioular	were as follows: Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER Cay Loborer SAWYER, BOOKKEEPER, etc.	9.1
Findustry or business in which work was done, as SILK MULL SAW MILL, BANK, etc	Chromic Myocarditio
10. Date deceased last worked at 11. Total (ma (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) M. d.	Other Contributory Causes of importance:
(State or country)	
13. NAME Wahlou dee	
13. NAME Wahlou des 14. BIRTHPLACE (city or town) Wangland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME au Wartur	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BARTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT James. a Jones Sural. (Address) Worden Hand, Tre device	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of The Hell auceley Date 26 kba , 193'	Nature of Injury.
19. UNDERTAKER Jange W. Pelins	24. Was disease or injury in any way related to occupation of deceased?
(Address) Fudency med	If so, specify
20 FILED 24 Dec 193/dra/ micande =	(Signed) Posture M.
Registrar.	(Address) Therek hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

DRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 14400
1. PLACE OF DEATH	93-0
County Trederick!	Registration Dist. No. 144
Village or City Near Cator tin +	100110000
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where teath occurred Qyrs,	sds. How long in U. S. If of foreign blrth?yrsmosds.
2. FULL NAME Ollen Sus	cann Martin
(a) Residence: No. Near Catocti	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
- Married	(Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of planed Mark	Dec. 16 2001 to Dec. 16 1031
6. DATE OF BIRTH (month, day, and year) May 18-186	lest sew h.en alive on Dec. 16 1931: death is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, at \$30 9cm
65 6 2/9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (morth and	Chronic Myo carditis 1921
9. Industry or business in which	
work wes done, as SILK MILL Oun hoffing	
year) year) occupetion 70.71	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MATDEN NAME Selle Belle	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Maria & Martin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, er In PUBLIC PLACE.
(Address) Thumanh ma	
18. BURIAL, CREMACION, DR REMOVAL	Manner of injury
Place and Place Alice 2003	Nature of Injury
he comment of the com	
19. UNDERTAKER A. Collager Hay	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER A COLLAGE HAN	If so, specify 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	JAN 9 1032	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	2004 ± 1004	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
		- Annual Control			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	89-2
County Saelly Winter the	Registration Dist. No. / 3/2
Village or City Frederick (If	No. St., Waldesh occurred in a horpital or institution, give its NAME instead of street and number)
04 . 0 0 . 0	ds. How long in U. S. if of foreign birth?yrs
2. FULL NAME Claire China M. Cann	
(a) Residence: No. 200 Eury Orchital (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) t93 (Yeer)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended daceased from 10 3 (to December 4 10 3/
DATE OF BIRTH (month, day, end yeer) Quiquet 12 1906	Vlast saw h. S. elive on Selucius 4, 197/; deeth Is sa
AGE 25 Years 3 Months Days If LESS than f dey, hrs.	to have occurred on tha date stated ebova, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows: Oate of one
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Depterama due &
Industry or business in which	Strep to concus us hestien
work was done, es SILK MILL, SAW MILL, BANK, etc.	200 1000 005001
10. Dete decessed lest worked at this occupation (month end spent in this occupation (month end spent in this occupation	7777
B-17.	Other Contributary Causes of Importence:
(State or country)	Contractor derester
	Dec 14 1931
3-17	
14. BIRTHPLAGE (city or town) 10 allumere (Stete or country)	Neme of operation
10/14	What test confirmed diagnosis? Was there an autopsy?
45 DIPTUDI ACE (situ or town) Poculturism (23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellew Styrman 16. BIRTHPLACE (city or town) Poaktuire (State or country) My away	Accident, suicide, or homicide?
7. INFORMANT S. M. alphouse multe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Charles Convers Conne	- Manage of industry
Piece Frederick My Dete 12/6 ,1921	Manner of injury Neture of injury
19. UNOERTAKER Lang 2 Carly (Address) Freelends med	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILEO 4-Dec. 193 / Draf mcCursles:	(Signed) Cauful Timo on M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of feath and related causes of importance were as follows:	Date of onse	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 8	July 5,192	7 Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,192	3 Gastroenteritis	1 year

1

3.

5a.

6. 7.

MOTHER FATHER E OCCUPATION

18

19

20

V. S. No. 1

S	TATE C	F MARY	LAND-	CERTIFICATE OF DEATH
. PLACE OF DEAT	H 1	Po.		(124)
County J'	reduc	ick "		Registration Dist. No. 13
Village or City	Freds	not	(II	ND. Gily Hospilal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in cit	y or town where o	leath occurred	yrsmos.	ds. How long in U.S. if of foreign birth?wyrsmosds.
. FULL NAME	narga	ret Bre	nt ma	Gill
(a) Residence: No.	Thurm	ant.	my	St., Ward.
		(Usual place o	f abode)	If nonresident give city or town and State
PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Hemale 7/	OR RACE		(write the word)	21. DATE OF DEATH Dec. 29 193 / (Year)
If married, widowed, or divor	cad			
HUSBAND of (or) WIFE of		Jan Barrier	100000000000000000000000000000000000000	22. J HEREBY CERTIFY, That I attended deceased from 29 19 31 to Dec. 29 19 31
DATE OF BIRTH (month, day	, and year)	nch /	7-1922	I last saw h_Pr alive on Dre 29 , 1931 , death is said
AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
9	9	3	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 100ws:
8. Trade, profession, or pa kind of work done,	S SPINNER.			receiptably shot
SAWYER, BDDKKEE	PER, etc			but my pendure
work was done, as S SAW MILL, BANK, e	ILK MILL,			Righ arm almost
10 Date deceased last worthis occupation (monyaar)	ked at		ne (years) tin this pation	plown myng
	17	Jurma	uh »	Other Contributory Causes of Importance:
(State or country)		0000000	the	Himmarch son States
13. NAME 16: 1	linne	me Plus	un mele	sa 1
14. BIRTHPLACE (city or to	····	1	and the same of the	Name of operation
(State or country)	MII)	vall Ear	ud,	What test confirmed diagnosis? A ght Was there an autopsy? N.D.
15. MAIDEN NAME	arolin	W Pois	Der/	23. If death was due to external causes VIOLE (E) fill In also the following:
16_BIRTHPLACE (city or to	wn)		1	Accident, sulcide, or homicide; a cuiter Data of Injury See. 27,19 31
(Stata or country)	1	naryl	and	Where did injury occur? Home Thurmont, Ind.
NFORMANT MAS	Wer m	c fill		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	Plur	work.	Mid	Home Depo
BURIAL, CREMATION, DR R	EMDVAL	and at	100	Manner of Injury Sun shot by Frother
Place/IL O'Lin	Us Tikkel	LANGE ST TO	Llc, 1931	Nature of Injury While Lunding
UNDERTAKER Wills	uid 4	Breege	V	24. Was disease or injury in eny way related to occupation of eccepted? NO
FILED 29- 1lec., 1	921. Dr.	Ira & Cu	is Curly.	(Signed) M. J. much M. D.
	If more	blanks are moded as	Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	A) more	wit pittered, at	de la comit Mcguitar,	a411 a. Countes Succes, Dammore, Acquesting V. S. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

should

mation

WRITE

OF

CAUSE

LION

Length of residence in city or town where death occurred vrs. mos. 2. FULL NAME Charles Edward Thomas Measel. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX male 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SELF INFLICTED WOUND CUT Laborer THROAT) SUICIDE Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation ... Maryland 12. BIRTHPLACE (city or town). (State or country) George Measel. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER Juliann Angleberger. 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? SUICIDE 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? 17. INFORMANT ... Mrs. Charles Keyser. (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of Injury Dec. 22, Nature of Injury 19 UNDERTAKER M. R. Etchison & Son. Frederick A Md

Other Contributory Causes of Importance What test confirmed diagnosis? _____ Was there an autopsy? ____

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Date of injury Dec . 19,1931

If more planks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-Example -I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes, of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 iyear
		•	

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

CTITE OF WIND IN	14404
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county (Trederick T	Registration Dist. No.
Village or City State Sanalo	Thum Md. St., Ward
(If Length of rasidenca in city_es town whore death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME LINE Evelyn (ON O
(a) Residence: No. What have be (Usual place of abode)	resident ward. R. Co. M. L. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Chall white OR DIVORCED (voice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Week 28, 1914	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 P.m.
17 () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z 8. Trade, profession, or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	ROTT
A. Hade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 7 (1.1. Total time (years) 2	Julmonary whichesis
SAW MILL, BANK, etc	
this occupation (month and the 1930 spont in this year)	
12. BIRTHPLACE (city or town). Mary land.	Other Contributory Causes of importance:
(State or country)	
13. NAME Clarence OV.	
14. BIRTHPLACE (city or town) Mary and:	Name of operation Date of
(Stata of Country)	What test confirmed diagnosis Dus Symum church there an aronsy?
15. MAIDEN NAME Gladys Bennett 16. BIRTHPLACE (city or town) - A abuse Complete (State or country)	- 23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) A abuse and .	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur?
17. INFORMANT N. a. Mandell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) State San (1 Tourn M	

anner of injury _____

Nature of injury____

Registrar.

4. Was disease or injury In any way related to occupation of deceased?

(Ardress) State

If more blanks are no ded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
II.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		108)
County Fracder	ch	Registration Dist. No. 136
		No. St. Ward occurred in a horpital or institution, give its NAME instead of street and number) St. Ward occurred in a horpital or institution, give its NAME instead of street and number) St. Ward occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Morabe	L & Perkin	
(a) Residence: No. Near	Obo bana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Occ 29 (Month) (Day) (Year)
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	Day	22. DI HEREBY CERTIFY. That I attended deceased for the second se
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	t last saw h 2 alive on 0 2 2 9 ,19 31; deeth is a to have occurred on the dete stated above, at 10 45 m. The PRINCIPAL CAUSE OF DEATH end retated causes of importance were as follows: Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	vents Home	Other Contributory Causes of importance: Level distalation heart
13. NAME Frank 9 14. BIRTHPLACE (city or town) Free (State or country) Roa	refared.	Name of operation Date of Date of What test confirmed diagnosis? Plage Name was there an autopsy?
15. MAIOEN NAME Amie, 16. BIRTHPLACE (city or town) Free (State er country) Many (Address) Fr. 29. Freed	Assich lov dand Berkins wrich function	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL Place Hot: Olivet l	remonte for 1 1982	Manner of Injury
19. UNDERTAKER Thomas (Address) Frederic	Projece A Mad Offinduelson	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) F. Ledwoods M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	I IAM	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11132	1921	Run over by street car	1 week ago	
Corebral hemorrhage		July 5,1927	Perilonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:	,	
Gallstones		May 1,1923	Gastroenteritis	1 year	

D. W. M. Smith,

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14406
1. PLACE OF DEATH	23
County Trederick.	Registration Dist. No. 3 9
Village or City State Sand Torium	death occurred in a hospital or institution, give its NAME instead of street and number)
	data decision in the interpretation of the interpretation in the i
2. FULL NAME (IMA & Yal	ed.
(a) Residence: No. A lotton, Car (Usual place of abode)	18t, Linward Co - Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH Dec //
Sa. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ouril 8. 1867	I last saw here alive on Dec 1 / 19 31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	p 1 about
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Julmonary werculous 17 mos
11. Total tima (years) this occupation (month and year) year) 12. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Maruland,	Other Coutributory Causes of importance:
(State or country)	anyplexy
" 13. NAME psiah a. Beck. Sr.	Total.
13. NAME Stand. Beck. Sr. 14. BIRTHPLACE (city or town) Many and.	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Chem X ray t . Was there an au opsy? ~~
E ' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) V Wather Country)	Accident, suicide, or homicide?
11-A-Mar 2000	Whera did injury occur? (Specify city or lown, county and State)
(Address) State San a tor uni Ma	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18: BURIAL, EREMATION, OR REMOVAL Place Devices Manage melanogen	Manner of injury
The Compare was 130 to 150 to	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of decaasad?
0 1 0 0 1 1 10 0	(Signed) Alwart & Inoffer M. P.
20. FILED AM. 1931 Registrar.	(Address) Late Sanatorum md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE (OF MARY	LAND-	CERTIFICATE OF DEATH 14407	
1	1. PLACE OF DEATH		FU Ja.	92-0	
	County Frederick		thin the	Registration Dist. No./2/=	
	Village or City Frederic	k	"Ithin the Co	orporng. St.,	Ward
	Length of residence in city or town where	dooth cooursed		MADIN	de
					us.
	2. FULL NAME Mrs. Mar. (a) Residence: No. W. Patrio		ge Ave.	St., Ward. If nonresident give city or town and State	
000	PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	CARLES CO.
	SEX 4. COLOR OR RACE white	5. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH December 12th. 193 (Month) (Day) (Ye	ar)
5a.	HUSBAND of Marion F. R.	iddlemoser		27-Sov 1931, to 2 - Res 194	
c	DATE OF BIRTH (month, day, and year)	March 11,	1 851	i last saw h. Lev alive on 12 — Rec. 1981; death	is said
-	AGE Years Months	Days 1	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11.10 R. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or perticular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and second in this			l or min.	were as follows:	fonset
			•	Chronic bolombor +	42
000	SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month end year)	11. Total tir spen	ne (years) t in this	Mean meen	
	Maryla	and		Other Contributory Courses of importance:)
12.	(State or country)			had hely the star their	
13. NAME Conrad Smith.				The state of the s	
13. NAME CONTACT SMITH. Maryland. 14. BIRTHPLACE (city or town). (State or country)				Name of operation Date of Was there en autopsy	12
ER	15. MAIDEN NAME Elizabeth	Suman.		23, If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Faryland (Stata or country)				Accident, suicide, or homicide	
F. M. Riddlemoser (Address) Frederick, Md.			· · · · · · · · · · · · · · · · · · ·	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury	
Place L. Olivet Cem. Fred Date Dec . 15, 19-31			1-5,, 19-31	Nature of injury	
undertaker M. R. Etchison & Son. (Address) Frederick. Md.				24. Was disease or injury in any way related to occupation of deceased?	
20, FILED / 4- Dec: 193/ Dra I molindy.			Quely.	(Sign d) Ko km aung	_M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I	1	Example II	
The principal cause of de of importance were as follows:	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 5 1882	1921	Run over by street car	1 week ago
Cerebral hemorrhage	., 1005	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			· ·	

_		
6		
Z,		
72		
>		

PLACE OF DEATH	STATE OF MARYLAND
County Judinoh	CERTIFICATE OF DEATH
	Registration Dist. No. 14/
Village or City Bunswich (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stend of street and
2FULL NAME Ougenia Muy	The all number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single,—MARRIED, WIDOWED. OR DIVORCED (Write the word)	DON (Month) (Day) (S) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
m 15 1922	1926 to DW. 1920,
(Month) (Day) (Year)	that I last saw hat alive on 5501, 195, 195,
7 AGE [If LESS than	
9 yrs. 8 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	B DIEN TO THE WAY
(a) Trade, profession or	March March Control of the Control o
particular kind of work	103 acros radinaristing 10- 10011
business, or establishment in	a deste Endocasculas. mos 12 de
which employed or (employer)	Contributory Latar Pyrumania
9 BIRTHPLACE (State or country)	Secondary & 21/100
10 NAME OF	LAMANO OF STITLE MOS
FATHER They She chies	(Signed) M. D.
() 11 BIRTHPLACE	lof
OF FATHER (State or country) Md	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlotte & Heppines	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
R. M. M.	Former or usual res.dence
(Informant) by the chees	19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL
(Address) Drinswift Md	Brunswick and Dec 13, 131
15 Filed Dec 11 1981 Ms H & Hodges	20 UNDERTAKER ADDRESS ADDRESS ADDRESS Mel
If more banks are needed, addre.s tate Negistra	r, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective cl tired 6 yrs). For persons who have no occupation en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook Foreman, (b) Automobile factory. The materia For many occupations a single word or term on (b) Cotton mill; (a) Salesman. Compositor, Architect, who are engaged in the duties of the Stationary fireman, etc. But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrosical meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

permanently filed.

American Medical Association.) telanus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is carbolic acid-probably suicide. The n-ture of the injury, "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of eause of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved and qualify as accidental, suicidal or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenelature of the

PLACE OF DEATH County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH
Within the Go	Registration Dist. No. 13
Village or City Frederick (No. 236 UL 2FULL NAME amanda 0. S	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LOw 2 (1951 () () () () (Year) ()
6 DATE OF BIRTH (Month) 2 9 (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1981 to St. 31 , 1971, that I last saw h 44 alive on 1982,
7 AGE 8 6 yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, atA_m, The CAUSE OF DEATH * was as follows: Chronica museudites
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Seculity de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Peter Shank	Secondary (Durstion) Tyre mos ds. (Signed) Attack Dilling M. D.
OF FATHER (State or country) 12 MalDEN NAME	*State the Disase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Esta Novgle (Address) Frederich Marya	If not at place of dea.h?
Filed 2 182 Mr. In In Charles Registral	20 UNDERTAKER 20 UNDERTAKER 11
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carla Novgle (Address) Frederich Maryland 15 Filed Registrar	Where was disease contracted, if not at place of deah? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BUR To additional days and the second se

2 2 2 1· 5)

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (science 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more known-Coul mine, etc. Wom-laborer, Farm laborer, Laborer-Coul mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Flanter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooli ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been change to report worked on may form part of the second statement. Foreman, (b) For many occupations a especially in industrial employments, it is necesspecifically the occupations of persons en Automobile factory. The materia -Precise statement of ocsingle word or term cn Locomolive engineer, As examples: (a)

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninaitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia, ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perulonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telamus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

STATE OF MARYLAND

ER	TIFICATI	E O	F DE	ATH
	Registration			101
	Registration	Dist.	No.	Jan

St.: Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, Wilowed Wilower, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Mach (Day), 1849	17 I HEREBY CERTIFY, That lattended the deceased from 192 to 193, that I last saw h a alive on 193,
9 yrs. 8 mos. 26 ds. or min.?	and that death occurred on the date stated above, at 430 Pm. The CAUSE OF DEATH * was as follows:
of work Thunk all of the of industry blishment in or (employer)	(Duration)ds. Contributoryds.
Washington Herbert	(Signed) (Durstion) yrs mos ds. (Signed) A A A A A A A A A A A A A A A A A A A
untry) · May land	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds Where was disease contracted, it not at place of death
Ruth Bart	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
\$ 1981 D. Grouped Drewers	Lutheran Countary Willete Willow 8, 1921
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be sed only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid 'fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of inforof OCCUPA-HYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. IARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINE

V. S. No. 1 m should state

STATE OF MARYLAND	CERTIFICATE OF DEATH 14411
1. PLACE OF DEATH I	23
County 1 Orlaerick	Registration Dist. No.
Village or City State Sanatorum	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME alberta M. Six	mondo of the
(a) Residence: No. College Fork MA. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH & S. 15
emale white married.	(Month) (Day) (Year)
Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. S I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	I last saw her alive on Dec/4 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:4.1 Am.
33 5 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Machine Oxierator SAWYER, BOOKKEPER, etc.	O O
Andustry or business in which work was done, as SILK MILL, Yeart Co.	Julmonary Julerculosis
IO. Date deceased last worked at this occupation (month end 18, 1931 spant in this year)	
12. BIRTHPLACE (city or town) Mary and. (State or acountry)	Other Contributory Causes of importance:
13. NAME Jamuel Beauchamp	
14. BIRTHPLACE (city or town). Md.	Name of operation Will Date, of
(State or country)	What test confirmed diagnosis? Chest Xray + Was there an eu opsy? (1)
15. MAIDEN NAME CELLA Calelin	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
OACO & ADARA	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) State San a toring Mg.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL [Pace Lic. 18, 1931 Date It. Lincolum.	Manner of injury
19. UNDERTAKER F. Gasch + Son (Address) Hya Harille mil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 15 1921 De Coulles	(Signed) Aleward S. Shoffer M. D.
Registrar.	(Ardress) Lule /danaloum Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Dee. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	112
1. PLACE OF DEATH	(97)	
County Horldbuck	Registration Dist. No.	
Village or City Luy 2		14/
	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and number	War
Length of residence in city or lown where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Clarence Elm	er Smith	
(a) Residence: No. Loya Station (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED & write the word)	21. DATE OF DEATH 18 199	/ Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, The I attended decease Nov 14 193/ to Dec 16	sed fro
6. DATE OF BIRTH (month, day, and year) 10th/874	I last saw ham alive on Dec 16 193 (: deat	th is ear
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 2.45 G.m.	11 13 341
5-17 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
1 S. Trade explanation for cartinular	were as follows: Date	ofonse
8. Trade, profession/or particular kind of work done, as SPINNER, along Takener SAWYER, BDDKKEEPER, etc	Wario Warous ho	36
kind of work done, as SPINNER, Alay Jahrel SAWYER BDDKKEFFER, etc. 9. Industry or business in which work was done, as SILK MILL, Farm = Roil fore SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (spers)	(
10. Date deceased last worked at this occupation (month and wy 1/3) spant in this occupation (month and occupation)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)		
13. NAME Maurice C. Smith		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy	υ?
IS. MAIDEN NAME Sarah 6 Johinson	23. If death was due to external causes (VIDLENCE) fill in also the following:	1:
E MARIE A	Accident, suicide, or homicide?	10
16- BIRTHPLACE (city or town)		19
17. INFORMANT Mrs. Mettir Shriver	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, er In PUBLIC PLACE.	
(Address) Toyo Ma		
Place Cerry Lator Date lec 2993	Manner of injury	
Ma Formall	2	
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased? NO	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 4 132	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Runsover by street car	1 week ago
Cerebral hemorrhage NIRTAU V. E.	July 5, 1927	Perdonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------	-------	---------	------------	---------------	-----------

/	
1PLACE OF DEATH	14413 CTATE OF MARYLAND
(leavel)	STATE OF MARYLAND
County, Julian E	CERTIFICATE OF DEATH
A ,	Registration Dist. No.
Village or City Jander (No. Lance	Cer St: Ward) (If death occurred i
	a hospital or institution, give its NAME in
2 FULL NAME Colfford G. On	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL COMPANY
3 SEX 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED	16 DATE OF DEATH DO 14- 1081
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov. 26, 1863	Alau 16 21 Do- 14 21
(Month) (Day) (Year)	that I last say ham alive on Dec 13 - 1921
7 AGE [If LESS than	
/ R / I day hrs.	The CAUSE OF DEATH * was as follows:
60 yrs. 0 mos. 10 ds. or min.?	
(a) Trade, profession or	Shrowing interstitude
particular kind of work Tarmer	rephritis
(b) General nature of industry business, or establishment in	
which employed or (employer) fullal farming	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country) Manuloud	Contributory Secondary
10 NAME OF	(Duration) yrs mos / O de
FATHER Smull, I Smith	(Signed) M. D
OF FATHER MAN	236 (4, 1923) (Addread) of flavor -//
OF FATHER Z (State or country)	*State the Disease Caping Dath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OF The Death	
a furnity original	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mus. C. S. Smith	Former or usual residence
(Address) Farler, mg	MINISTER OF BURIAL OR REMOVAL DATE OF BURIAL
15 11 h 21th / h 2	20 UNDERTAKER ADDRESS
Filed & Lee 199 (1) The Milder Registrary	M. P. Statison How, Freder
If more banks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "('Exhaustion,'' "Heart failure, lateuros, "Shock," "('Inanition,'' "Marasmus,'' "Old Age,'' "Shock," "Uraemia,'' "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 m ż occupa-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1441	14
1. PLACE OF DEATH	46	
County Frederick	Registration Dist. No. 144	
Village or City And Ilmmond	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrsmos		
2. FULL NAME Selias Elizabeth,	1. · th.	
	unitu.	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	9531
5a. If married, widowed, or divorced	(month) (Day)	(Tear)
HUSBAND of Charlie Smith	22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) alve 2 - 1863	I last saw her alive on Dec 78 , 193/; d	leath Is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-39-m.	
68 8 1 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, House work SAWYER, BDDKKEEPER, etc.	D D	Date of onset
9. Industry or business in which	Corcugina a	h
	the structh	200.1930
SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) year) occupation occupation		
12. BIRTHPLACE (city or town) Prayland (State or country)	Dther Contributory Causes of importance:	
13. NAME Jahr O, Swith 14. BIRTHPLACE (city or town) Phary Land	Name of operation Date of	
(Stete or country)	What test confirmed diegnosis? Was there an auto	psy?
15. MAIDEN NAME Mollie Boyler	23. If death wes due to external causes (VIDLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) - Mary fund (State or country)	Accident, suicide, or homicide? Date of Injury	., 19
17. INFORMANT Muse Jamey Welgel	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Horrille Date Del 31, 19.31	Nature of injury	
19. UNDERTAKER Killhidg & Creeger	24. Wes diseese or injury in any wey related to occupation of deceased? No	1
20. FILED All, 30, 193/ Ama M. D. CO.	(Signed) Allers Fray	M. D.
Registrar.	(Address) Thurmont	Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUBRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(18)
County Frederich	Registration Dist. No.
Village or City Libertytown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospitator institution, give to try the large of site and hamber, ds. How long in U.S. if of foreign birth?
2. FULL NAME Carly Bacon Steel	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH 12 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ol An	22. O I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Margaret Steele	June 1931, 10 Dec 5 1931
6. DATE OF BIRTH (month, day, and year) Dua 13th 1881	1 Cast saw han alive on See 3 , 1931; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
50 8 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	Pyloni Stenosis ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
SAW MILL, BANK, etc.	(not cauces)
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Granson Steele.	
13. NAME Grayson Scale 14. BIRTHPLACE (city or town)	Name ef operation Date ol
(State or country) Md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Steele	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Comma Steele 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis Margaret Stella. (Address) Liberty town und	Specily whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Dec 8th, 193/	Manner of injury
19. UNDERTAKER Payelly & allaugh	24. Was disease or injury in any way related to occupation of deceased?
(Address) Suberty form	If so, specily (Signed) (Signed) (Signed)
20. FILED De 7 , 1931 The Cuffer an Registrar.	(Signed) (Address) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "niechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nonlinitis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Proper			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	St.
100	
11//	

2FULL NAME Harlew Page, St	St.: Ward) St.: Ward (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED, OR DIVORCED (Write the word) Market (Write the word)	16 DATE OF DEATH Are 14 , 1921
6 DATE OF BIRTH Heb. 17 (Day) (Year)	17 I HEREBY CERTIFY. That I attended the deceased from 190 to 100 that I last saw hour alive on the 14 195
7 AGE 65 yrs. 16 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 12:15 m
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry busineas, or establishment in which employed or (employer)	Acute Fales Tremente
9 BIRTHPLACE (State or country) 10 NAME OF FATHER FILEDERICK Stattlemys, 11 BIRTHPLACE OF FATHER (State or country) Frech loo. 14 d. 12 MAIDEN NAME OF MOTHER LOUISA, Schuldhecht 13 BIRTHPLACE OF MOTHER TALL	Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Secondary Contributory Contribu
(State or Country) Freak Co. /// 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elizabeth Co. Stotlowyes, (Address) Smultroburg # #	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Out of the contract of the
15 Filed Dec. 16 1931 Charley Leatherman	20 UN DERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 7

BINDING PERMANE

FOR

UNFADING INK--THIS MARGIN RESERVED

very important.

Every Item of Information of CIANS should state CAUSI statement of OCCUPATION

WRITE PI

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in doinestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainby Committee on Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Ex	ample I		Example II	
The principal cause of deat of importance were as follows:	hand related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JAN 5 1982	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BHEEAU V	July 5, 1927	Peritonitis	3 days ago
	100 to 10	even)		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING

V. S. No. 1

HYSICIANS should state PRD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B. WEITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County be devide	Registration Dist. No. / 3 / 2
Village or City M outline Hospital	No. St., Ward
(1)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
4 0 40	us. non long in 0.0. it of lotorga bitting
2. FULL NAME drawle I Nomas	
(a) Residence: No. Jank Wills W.d. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white widower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. THEREBY CERTIFY That I attended deceased from Yor 26, 1931, 10. Dec. 9, 1931
6. DATE OF BIRTH (month, say/and year) 4/857	Hast saw how alive on Dec 9 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 # 6 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade procedure or particular 11	Ware as follows. Date of onset
8. Trade, pinession, or particular kind of work done, as SPINNER, Harm Salver	
2. Industry or business in which work was done, as SILK MILL,	Urence
kind of work done, as SPINNER, A arm Labrus SAWYER, BDOKKEEPER, etc. 1. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town). Maryland	Other Contributory Causes of importance:
(Slate or country)	Cl. more outeties
E 13. NAME Markard Thomas.	
14. BIRTHPLACE (city or town) Maryland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Culturaur	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Austronia 16. BIRTHPLACE (city or town Muleus august 17)	Accident, suicide, or homicide?
(Stale or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT James, a. Jones Suy.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) O Worthur Hond	
Place Mt Olivet Can Februe De 11, 1931	Manner of injury
Mr. R RT.	Nature of injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
11 Anh aldra michigh	(Signed) BOTH M.D.
20. FILED / O Sale , 19 3 / O May / McCauchy	(Address) Frederick, Und
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

RD. Every item of infor-THYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. **TARGIN RESERVED** CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	MARILAND	S
County Frederic	K	Registration Dist. No. 124
5 27		No
2. FULL NAME Lasta	at Thous	need Still Born)
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sie 29 181
5a. If marriad, widowed, or divorced	-	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	29-193/ Days If LESS than 1 day,hrs.	I last saw h alive on, 19, 19; death is said to have occurred on the date steted above, at m.
8. Trade, profassion, or particular	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last workad at	nous	Stillhow -
9. Industry or business in which		
work was dona, as SILK MILL, SAW MILL, BANK, etc	}	
10. Date decessed last worked at this occupation (month and	11. Total time (yaars) spent in this	
12. BfRTHPLACE (city or town)	occupation	Othar Contributory Causes of Importanca:
(Stata or country)	releur	
13. NAME O Greet lug J.	Hornas.	
14. BIRTHPLACE (city by town)		Name of operation Data of
(State or country)	velend	
W IS. MAIDEN NAME MALE A SEL	A Course	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
I The state of the	43 Cum	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	eargland	Accidant, suicida, or homicida?
17. INFORMANT DORGEOS V (Address) Wesley	Jarras males mo,	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Placa Of Home	Date 28 , 1931	Neture of injury
19. UNDERTAKER Frather () Chi (Address) Washindisle	ild mil	24. Was disaase or injury In any way releted to occupation of dacaased? WW
20. FILED De 0 28, 19 31 M. T.	Shuff Registrar.	(Signad) Holand of Deller M. D. (Address) Elour nu
If more blan.	ks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1 2 1 1 1 5 E) ;	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Within the Lati plnous Registration Dist. No. 4 item Village or City Hae (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth?. Length of residence in city or town where death occurred SI Ward. If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) na (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of HEREB That i attended decaased from (or) WIFE of .: death is said 6. DATE OF BIRTH (month, day, and year) certificate If LESS than 7. AGE Years Months Davs proper to have occurred on the date stated above, at __ // a __ m FOR 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, NO RESERVED be Jo SAWYER, BOOKKEEPER, etc. OCCUPAT may back 9. Industry or business in which work was done, as SILK MILL. should SAW MILL, BANK, etc ... 11, Total time (yeers) 10. Cata deceased last worked at this occupation (month and spent in this that yaar) ... occupation . instructions Other Contribatory Causes of importance 12. BIRTHPLACE (city or town) ARGIN (State or country) supplied. plain terms. FATHER 13, NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?____ ----- Was there an autopsy?-----MOTHER important. 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following: ii. Accident, suicide, or homicide?_____ Date of injury _____ 19___ DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation _Cate Natura of Injury ... LION 24. Was diseasa or injury in any way related to occupation of deceased? (Address) If so, specify (Signad) If hore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	------	---------	------------	----	-----------

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	14
		THE RESIDENCE SHOWING THE PARTY OF THE PARTY			

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Frederick -	139
Village or City State Sana Loru	Registration Dist. No. 1
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurradyrsmos	
2. FULL NAME Charles Melso	m lilp. Ir.
(a) Residence: No. 3743 37th	St., Ward. W. Ramer M
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(163)
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) SQV 29, 1912	19-51, to N = [1, 19.5]
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 12.15 P. m.
1 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera es follows:
sawyer, BDDKKEEPER, etc a Chool boy	R O
9. Industry or business In which work was done, as SILK MILL,	On monary when culous
SAW MILL, BANK, atc.	100000000000000000000000000000000000000
Data deceased last worked at this occupation (month and year)	
100000	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Van A	
13. NAME (Marles J. 14. BIRTHPLACE (city or town) A and A an	101701
14. BIRTHPLACE (city or town) 14. Sixth or country)	Name of operation Date of What test confirmed diagnosis Cal DX Years + Post Spectrum
15. MAIDEN NAME Qanes. Belt	was there are all opsy?
15. MAIDEN NAME Carles. Belt 16. BIRTHPLACE (city or town). Chacago III.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT W. a. y ardner	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) State Sanatoring Mr	A STATE OF THE POBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place YM Yamer MC Date Continuous 19	Nature of Injury
19: UNDERTAKER M. L. Creager	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Thurman Man	If so, specify A T
20. FILED 19 19	(Signed) Slewart S. Shaffer M.D.
Registrat.	(Ardress) State Sanatorum md

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

importance were as follows: ack of epilepsy n over by street car	Date of onset 1 week ago 1 week ago
n over by street car	
*	1 week ago
itonitis	3 days ago
ner contributory causes of importance:	
stroenteritis	1 year
16	er contributory causes of importance:

WRITE PL

PLACE	OF	DEATH	
County J	re	derick	



144.2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1 45

Village or City Myersvelle (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME George Washing	Fon Wachtel tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Midwed. Midwed. Wildwed. (Write the word)	16 DATE OF DEATH 12 16 , 1981 (Month) (Day) (Year)
April 10, 1846 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I Fonded the deceased from 1981, to 1981, that I last saw h all alive on 1981,
7 AGE 85 yrs. 9 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 2 30 cm. The CASSE OF DEATH * was sortellows:
(a) Trade, profession or Letind former (b) General nature of industry and business man	Acute proposardial fasture
business, or establishment in which employed or (employer)	(Duratiop) yrs mos ds.
9 BIRTHPLACE (State or country) Monyland. 10 NAME OF FATHER John Machtel	Contributory (12/11/2011) Standard Durayon Jrs. mos ds. (Signed Jacob M. D. M
II BIRTHPLACE OF FATHER (State or country) Mandendo	*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cathonic Smeth. 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country) // Owy Cond	of deathyrsds. Stateyrsds. Where was disease contracted, if not at place of death?
(Informant) Am. S. Wachtel	Former or usual residence
(Address) Myssille md	Mysillo St PE & Cornta De 19- 1931
Filed W. 1. 1954, Milliam B. Marmul	Weith Brown munich med

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm 'laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, 'etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; terstitial nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

1. PLACE OF DEATH Village or City Length of residence In city or fown where death occurred 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word) 5a. 11 married, widowed, or divorcad HUSBAND of (or) WIFE of 3 6. DATE OF BIRTH (month, day, and year) Days If LESS than 7. AGE Years Monfhs I day. or min. 8. Trada, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... occui 10. Dafe decessed lasf worked af this occupation (month and yaar) 11. Tofel time (years) spent in this See instructions on octupation . 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or fown (State or country) MOTHER 15. MAIDEN NAME ///CA 16. BIRTHPLACE (city or town (Sfafa er country) (Address) 18. BURIAL, CREMAJION, DR REMOVA rion is 19. UNDERTAKER (Address) 20. FILED /- Dec. 193/042 Registrar. If more/blanks are needed, address State Registr

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 14423
EATH		(2)
redene	Within the	Corporate up to Registration Dist. No. / 3/2
Freder	uch	No. Not Mumber of College Perkuryst., Ward
	/ 0	death occurred in a hospital or institution, give its NAME instead of street and number)
In cify or fown where de	eafh occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
Charle	s/Newton Wac	hler
0 Co	Clega Parkeway	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 10 .193 / (Month) (Day) (Yaar)
divorcad	2	
Lucy 1,	Neidhardt	DEC. S 19 31 to Dec. 10 19 31
day, and year) 4	~ 13 1883	I last saw h. lm. alive on Dee 10 ,19 31; death is said
Months	Days If LESS than	to have occurred on the data stated ebove, af 3 2m.
7	i day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
or particular one, as SPINNER,	there	were affollows: Date of one of thrombosies Date of one of
KKEEPER, etc.	1 -1'	0
, as SILK MILL, Work	nfections	
f worked af	11. Tofel time (years) spent in this / 9 ma	
(month and	spent in this 2 mg	
The	la-i-6	Other Contributory Canses of imporfance:
own)	mel	
- 200 9	alma elle-files	
over 1	I I I I	
or fown)	denies	Neme or oparation
try)	mile	What test confirmed diagnosis? 1 140 Was there an autopsy? 140
runy dola	Muchael	23. If deafh was dua to external causes (VIOL ENCE) fill in also the following:
or town) The	deries do	Accident, suicide, or homicide? Date of injury, 19
try)	m	Where did injury occur? (Specify city or town, county and State)
Charles Pan	Machier Machiner Mis	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
DR REMOVAL	Inthony	Manner of injury
levich My	Date /2//2 ,193/	Nature of injury
any 3	Carly a	24. Was disease or injury in any way related to occupation of receased?
~ the	deril my	If so, specify
2., 1931 Ora	Michaely:	(Signed) M. D. (Address) J.
If mord		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: 5 12 2	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	~		É	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	ate.
FOR	IS A	stated	proper	TION is very important. See instructions on back of certificate.
Q	HIS	be	be	Jo
RVI	(T-)	pluoi	may	back
SSE	Z	S	t it	On
RE	NG	AGE	tha	ions
Z	DI		80	uct
ARG	NEA	pplied	erms,	instr
7	7	Su	in t	See
	17	ully	pla	t.
•	-	ref	l in	tan
1	Ä	e ca	ATH	npor
	AIL	q p	DE.	y in
	PL	luor	OF	ver
	NE	S	E	.00
	RI	tion	CS	Z
-	M	mai	CA	TIC

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Frederick Village or City Montevue Hospital No. St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. 2. FULL NAME Glen. Noah Washington (a) Residence: No. Theodrorax (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DEATH OR DIVORCED (write the word) married OR DIVORCED (write the word) married 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days HLESS than of Laborer 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc. 9. Theodroray March 15, 1879 1 last saw h. Im alive on Other 23, 1931, death to have occurred on the date stated above, at 8-10 Pcm The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Character Particular St. Months Days HLESS than to have occurred on the date stated above, at 8-10 Pcm SAWYER, BODKKEPPER, etc. 9. The desired and number of the word at this receivable and the late in the principal causes of Importance were es follows: Character Particular St. Mill. SAW MILL, BANN, etc. 10. Date deceased last worked at this receivable and the late is a stated above, at 8-10 Pcm Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill. Saw Mill. BANN, etc. Character St. March District St. Mill.
(If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. 2. FULL NAME Glen. Noch Washington (a) Residence: No. THREATOREX (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Or Divorced HUSBAND of (or) WIFE of Clara Day 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or perticular kind of work done, as SPINNER, Laborer (If death occurred in a hospital or institution, give its NAME instead of street and number and survey. Mos. done, are in a hospital or institution, give its NAME instead of street and number and survey. Mos. done is a NAME instead of street and number and survey. Mos. done is a NAME instead of street and number and survey. Mos. done is a Name in a not per in the principal cause of importance were es follows: (If death occurred in a hospital or institution, give its NAME instead of street and number and survey. Mos. done in the principal cause of interest and number and survey. Mos. done is a Name in a not per included. (If death occurred in a hospital or institution, give its NAME institution, give its NAME institution, give its NAME in survey. Mos. done in the word of the word. If nonresident give city or town and State Medical Cause of DEATH December 23, 193 1 (Month) (Dey) (Yes of DEATH December 23, 193 1 (Month) (Dey) (Yes of DEATH and related causes of Importance were es follows: 1 last saw h. im alive on Date 23, 193 1 (Is at saw h. im alive on Date 23, 193 2 death of the word of the wor
2. FULL NAME Glen. Noah Washington (a) Residence: No. THRESTORAX (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Colored Married Colored Married Married, widowed, or divorced HUSBAND of (or) WIFE of Clara Day 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days H LESS than 1 day, hrs. Or min. March 15, 1879 1 last saw h im alive on Days of the date stated above, at 8-10Pem The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BODKKEFERER etc. Date
(a) Residence: No. THECATORAX (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE COLOR OR RACE MEDICAL CERTIFICATE OF DEATH December 23, 193 I (Month) (Dey) (Y TIBERAND of (Or) WIFE of Clara Day 6. DATE OF BIRTH (month, day, and year) TAGE Years Months Days If LESS than 1 day, hrs. or min. March 15, 1879 I last saw h. im alive on December 23, 19 3 / 2 death The PRINCIPAL CAUSE OF DEATH and related couses of Importance were es follows: Date On the Color of Death The PRINCIPAL CAUSE OF DEATH and related couses of Importance were es follows: Date Date Date
3. SEX 4. COLOR OR RACE Colored Solution of the state of the word of the state of t
male colored married (Month) (Dey) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Day 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BDDKKEFBER etc. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BDDKKEFBER etc. December 23, 193 (Month) (Dey) (Years) (Years) (Month) (Dey) (Years) (Month) (Dey) (Years) (Years) (Month) (Dey) (Years) (Years) (Work) (W
HUSBAND of (or) WIFE of Clara Day 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS than 1 day, hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BDDKKEFER etc. Laborer 22. I HEREBY CERTIFY, That I attended decess of the latter attended decess of latter attended atten
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. B. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BODKKEEPER etc. B. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BODKKEEPER etc. Date
7. AGE Years Months Days If LESS than 1 day, hrs. or min. to have occurred on the date stated above, at 8.10Pem The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BODKKEEPER etc. Date
8. Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER BDDKKEPER etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc
year)
Dther Contributory Causes of importance: 12. BIRTHPLACE (city or town) Maryland. (State or country)
🖺 13. NAME Hesikia h Washington Replication
14. BIRTHPLACE (city or town). Maryland Name of operation. Date of
What test confirmed diagnosis? Was there en autopsy
Maryland 23. If death was due to external causes (VIOLENCE) int in also the following: Accident, suicide, or homicide? Date of injury
(Specify city or town, county and State) 17. INFORMANT Mrs. Clara Washington, Specify whother Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. (Address) Tuscarora, Md.
18. BURIAL, CREMATION, OR REMOVAL Place Point of Rocks, Md Dete Dec. 26, 19 31 Nature of injury
M. R. Etchison & Son. 19. UNDERTAKER Frederick, Md. (Address) 24. Was disease or Injury in any way related to occupation of deceased? 200 If so, specify (Signed) (Signed)
If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and-related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 1982	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	_1		

HYSICIANS should state RD. Every item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 14425
1. PLACE OF DEATH .	- Wa
County Frederick	Registration Dist. No. / 38
Village or City Mr. Fountain Mills	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 10 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julia ann Watkins	
(a) Residence: No. Cedar Trove Mortg. Co. (Usual place of abode)	MSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 27 19931
5a. If married, widowed, or divorced	(Month) (Oáy) (Year)
HUSBANO of Oor Work Hatkins	22. I HEREBY CERTIFY, That lattended decessed from December 23 1931 to December 27 1931
6. DATE OF BIRTH (month, day, end year) Och. 21, 1850	I last saw here elive on December 26 , 1931; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8/ 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Kelized Housewife SAWYER, BOOKKEEPER, etc	Auguna Tectoris Date of onset 4 days ugs
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked et this occupation (month and year)	
Factor of the factor	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — Meanuel County (State or cougtry)	arteriosclerocas 1925
13. NAME John Sinthieum	
14. BIRTHPLACE (city or town) - Frederick Co.,	Name of operation Oato of
(State or country) and.	What test confirmed diegnosis? Was there an au opsy? 224
15. MAIOEN NAME Suale Sanett	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - Frederick Co., (State or country) M.A.	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Mrs. Mande Davis,	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) IV. D. Mourova, Md.	
18. BURIAL, CREMATION, OR REMOVAL Grant Dec. 29 1931	Manner of injury
P. 31 B	Nature of injury
19. UNDERTAKER by 1. Charvee (Address) Lay Komeville, md.	24. Wes disease or Injury in any way related to occupation of deceased? Ro
20. FILEO Pac 98 , 13 Vuciano 7, 4 aleoner Registrar.	(Signed) Clarge M. Coyer M. D. (Ardress) Damaseous Ful.
2007	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-should state of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WI UNFABING INK—THIS IS A PERMANENT IF ORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. HYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
N. BWRITE P	mation shor	CAUSE OF	TION is ve

	CERTIFICATE OF DEATH 14426
1. PLACE OF DEATH County	Beginteration Diet No. (31)
Village or City Bullmeton Sta	Registration Dist. No. 750
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME (a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from ,19,19
6. DATE OF BIRTH (month, day, and year) Dec. 16-1931	I last saw h elivo on, 19; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Stul bou
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Oate deceased lest worked at this occupation (month end	Primater buth
O Oate deceased lest worked at this occupation (month end year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) South from the (Stete or country)	
13. NAME 14. BIRTHPLACE (city or town) Tarthe Ca	7
14. BIRTHPLACE (city or town) Ca (State or country)	Name of operation Oate of Whet test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME FORME / Jall	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME formul / Jall 16. BIRTHPLACE (city or town) fresh 6 (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Forming West on Burely John	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Many Tille Model Dete Deel 7, 1931	Manner of injury
19. UNDERTAKER Father (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Lee 16, 1931 Tayle Prelim Registrar.	(Signed) T. Cly be / Crulon M. D. (Address) Parel 30 trues
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAGUE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	14427
EATH		23	

County Treferieba Village or City Fruintahung Length of residence in city or town where death scurred. 4 yrs. mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Length of residence in city or town where death scurred. 4 yrs. mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Length of residence in city or town where death scurred. 4 yrs. mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Length of residence in city or town where death scurred. 4 yrs. mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME Length of residence in city or town where death scurred. 4 yrs. mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED Contrict the word) Sa. If married, widowed, or divorced HUSBANO of (or) WiFe of	
Length of residence in city or town where death accurred 4 yrs mos ds. How long in U.S. if of foreign birth? Yrs mos ds. How long in U.S. if of foreign birth? Yrs mos ds. How long in U.S. if of foreign birth? Yrs mos ds. How long in U.S. if of foreign birth? Yrs mos ds. How long in U.S. if one long in U.S. if one long in U.S. if one long in U.S. if nonresident give city or town and the long in U.S. if nonresident give city or town and the lon	4
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Leave Latherne Wells (Birth Places) (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nortice the word) Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, his. or min. 4. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ward
2. FULL NAME Western Latherine Wells (Birth Placeds) (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nortic the word) Fleurale So. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day. hrs. or min. Y H H R EBY CERTIFY. That I attended to have occurred on the date stated above, at J. J. A. m. The PRINCIPAL CAUSE OF DEATH and related, causes of importance work was done, as SPINNER, SAWYER, BOOKKEPER, etc.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fleure White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fleure White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fleure White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fleure White 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. 1 day, hrs. No have occurred on the date stated above, at 2 4 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance work was dane, as SILK MILL, Now Whith, BANK etc. Principal Cause of abode) MEDICAL CERTIFICATE OF DEATH (Month) Oay) 1 last saw h a alive on with date stated above, at 2 4 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance work was dane, as SILK MILL, SAW MILL, BANK, etc.	
3. SEX Jewale Jewale	State
Fleurse White Struggle 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 44 6 10 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. SAW MILL, BAHK, etc. 10. OR DIVORCED (write the word) (Month) Oay) 11. HEREBY CERTIFY, That I attended on the date stated above, at 3.7 A.m. 11. I last saw h. alivo on Now 2.7 11. I last saw h. alivo on Now 2.7 11. I last saw h. alivo on Now 2.7 11. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2.7 12. I last saw h. alivo on Now 2. I last saw h. alivo on	applications of the St. Co.
HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Yindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. 19 187 I HEREBY CERTIFY, That I attended 19 187 I last saw h 1 alivo on 10 27 I hereby CERTIFY, That I attended 10 187 I last saw h 1 alivo on 10 27 I hereby CERTIFY, That I attended 11 ast saw h 1 alivo on 10 27 I hereby CERTIFY, That I attended 10 187 I last saw h 1 alivo on 10 27 I hereby CERTIFY, That I attended 10 29 I hereby CERTIFY, That I attended 11 ast saw h 1 alivo on 10 27 I hereby CERTIFY, That I attended 12 18 18 18 18 18 18 18 18 18 18 18 18 18	, 193 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19 8 1, to Dec 29 11 last saw h alivo on Way 27 to have occurred on the date stated above, at 3.7.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance Solvential of work done, as SILK MILL, SAW MILL, BANK, etc.	
7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. Religious To have occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of the same occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance occurred on the date stated above, at 3.45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importanc	, 19.5
kind of work done, as SPINNER, Seater of Charity SMYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	; death is said
kind of work done, as SPINNER, Seater of Charity SMYYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Oate of onset
Industry or business in which work was done, as SILK MILL, Religious SAW MILL, BANK, etc.	1928
10. Date decesed last worked at this occupation (month and year) Other Contributory Causes of Importance:	
Other Contributory Causes of Importance:	
(State or country)	
13. NAME Edward F. Wells	
14. BIRTHPLACE (city or town) Date of Date of	
what test confirmed diagnosis? was there an a	
15. MAIOEN NAME Territory Town 23. If death was due to externat causes (ViOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Country Where did injury occur?	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. NEORMANT Accident, suicide, or homicide? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL. (Address) 18. BURIAL CREMATION, OR REMOVAL	
Place Lumitaling red Oate 12/3/ 1931 Nature of injury	
19. UNDERTAKER 19. The Shift will be seed?	
20, FILEO Sec 30, 1931 M.F. Shuff (Signed) Morris a. Buil (Address) Olimon on)	ul. M. O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of deal of importance were as follows:	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEPT A 1982	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	OMIN	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAUV	July 5,1927	Peritonitis	3 days ago	
	N				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14428
1. PLACE OF DEATH	(159)
County Frederick	Registration Dist. No. 136
Village or City Urband	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Baby White	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Server	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \$2. 31-31	, 19, to, 19 .
6. DATE OF BIRTH (month, day, and year) 22. 3/-3/ 7. AGE Years Months Days If LESS than	to have occurred on the dato statad abova, at
1 day, _3hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or postigular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Monte presente
S. Hale, Profession, or particular, or particular with a construction of the construct	Willeddie
Date deceased last worked at this occupation (month and yaar) 11. Total tima (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Fraderick Con (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation Date of
(otata of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Corre Luce	23. If death was dua to extarnal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Carrie Sue 16. BIRTHPLACE (city or town) Friderick, Roo. (Stata or country)	Accident, suicide, or homicide?
17 INFORMANT Win While (Address) Indinish Jamoteon, Md	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place VM C Comment Date from (1, 1932	Natura of injury
19. UNDERTAKER For A Pollers (Address) For A Pollers	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jane 1, 1932 - Goffmehiller	(Signed) BOOthories M. D. (Address) Madeirs M. D.
Registrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	4 Appendix of the Control of the Con	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 JAN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitied nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

V. S. No. 1 M Z

should state of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	43-c
County Trederick	Registration Dist. No. / 2/
	No. Cost Hospital Control of the Mark St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ps. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME /. ME Cleary	orites
(a) Residence: No. New Jefferson (Ostal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Third OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced 2 www.s. Callie HUSBAND of (or) WIFE of Carmette Parameters of Porce	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Felig 13-18-51	I last saw harmalive on 1922 3, 1931; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1.4m.
80 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER Retried Farmer SAWYER, BOOKKEEPER, etc.	Myocardite
kind of work dona, as SPINNER Colored Formula SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at she work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this country and spant in this security in the security of month and spant in this security in the security of month and spant in this security in the security of month and spant in this security in the security of month and spant in this security in the security of the	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Harmy Friek Co.	Other Contributory Causes of Importance:
(State or country)	- Ouraleconic
13. NAME Thomas Thes	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Wea What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carbara Shitles	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME (OUT ara Shirtfells 16. BIRTHPLACE (city or town) mayland,	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Cologget Mes Mes	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Dec 24	Manner of injury
Place Date , 1997.	Nature of injury.
19. UNDERTAKER 6-E. 6 line 40 on (Address) Fredrick Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 34 - Dec., 1931 - D. Die J. M. C. Curly.	(Signed) (Address) 1 a Louklus
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

F	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	JAN 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9/11/	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	Annual Control			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

ORD. Every item of infor-HYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WIT V. S. No. 1 N. B.-

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Frederick	Registration Dist, No. /33
Village or City Totalkersville	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) is. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
41.	1 C// 1/16-1
2. FULL NAME Thomas lifters	onwillen
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (acrite the mord)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 9, 1850 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc STUTELL 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this property).	lossebral hemorhage
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Cayoes of importance:
13. NAME Thomas Wilson 14. BIRTHPLACE (city or lown) way and (State or country)	Neme of operation
W 15. MAIDEN NAME TIMBERINE	What test confirmed diagnosis?
15. MAIDEN NAME CINCALOUR 16. BIRTHPLACE (city or town) "" 17. INFORMANT My to arry crames (Address) Frederickh md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Glade Germ. Date Dec. 5, 1931	Manner of injury
19. UNDERTAKER Mrs. K. St. Putman. (Addrass) walkerswille md.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEDIC 5, 1931 Mrs. Lulu Wrigh	(Signed) Attin Lolleadenned M. D.

CTATE OF MADVIAND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Jan			
Other contributory causes of importance.	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	Within the Corpo	(131)	/2/=
County Frederick	the Corp.	Reg	gistration Dist. No. / 2/
Village or City Frederick	Alexander (Alexander)	No. death occurred in a hospital or institution, give	St., W
Length of rasidence in city or town where death			
2. FULL NAME Fannie J. Z			
(a) Residence: No. East Patric		St., Ward.	
(a) Residence: No. 1346 0 14601 16	(Usual place of abode)		nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	arried	- December Mont	(h) 1937 (Vear
a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of Charles W. Zin	merman	122. CHEREBY SE	RTIFY hat I attended deceased.
DATE OF DISTRICT	17218/1	l last saw h W alive on	Ce 10 195/ death is
AGE Years Months	Days tf LESS than	to have occurred on the date stated above.	
	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and re	
8. Trada, profession, or particular	18 ormin.	were as follows:	Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		aller / rest	4.8 196
9. Industry or business in which work was done, as SILK MILL, At	Home		
SAW MILL, BANK, etc		U	
this occupation (month and	11. Total tima (years) spent in this occupation		
year)	oc:upation	Other Coutributory Causes of importance:	
Z. BIRTHPLACE (city or town)		Chamic A.	
1	'An		
13. NAME William R. Walk 14. BIRTHPLACE (city or town)	.01	my fee dates	
14. BIRTHPLACE (city or town)		Name of operation	Oate of
			Was there an autopsy?
		23. If death was dua to external causes (VIC	JL ENCE) fill in also the following: Oate of injury
16. BIRTHPLACE (city or town) (State or country) Md.		Where did injury occur?	, 19, 19
			cify city or town, county and State)
(Address) Frederick Md.	ore	appears which many occurred in 11003	THE TOME, OF INTODES OF ENDE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
PlaceMt. Olivet, Fredk No.	h. Dec.13 19 31	Nature of injury	
O HARDTAKED M D Etchison	Con	24. Was disease or injury in any way relaty	occuration of deceased?
Quintertaker M. R. Etchison & (Address) Frederick d.		If so, specify	
0. FILED 12-Dec 1931 dral	me Penele,	(Signed)	to Clister
U. FILEU I SK. THOUSE 19 9 1 9 7 1 V	Registre		THE AS CHARLES AND CO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 102	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ,	1 year